



# TOWN OF WAYNESVILLE

## Stormwater Inspection Form

Please use a separate form for each SCM on site

FOR OFFICE USE ONLY

Received by: \_\_\_\_\_

Date received: \_\_\_\_\_

### STORMWATER CONTROL MEASURE ANNUAL MAINTENANCE INSPECTION REPORT

#### PERMEABLE PAVEMENT

Project Name: _____	Inspection Date: _____
Inspector Phone #: _____	Inspector Email: _____
Inspector Name: _____	Inspector Signature: _____
Recent Rainfall: <input type="checkbox"/> 0-2 days <input type="checkbox"/> 3-5 days <input type="checkbox"/> 5+ days	<input type="checkbox"/> Initial Inspection <input type="checkbox"/> Follow-up Inspection

☐ Operations and Maintenance Agreement Recorded

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#### Code Key:

N/A	=	Not Applicable	M	=	Monitor (potential for future problem)
WN	=	Work Needed	S	=	Satisfactory (or no maintenance needed at time of inspection)

Potential Problem	Code	Comments
<b>Entire SCM</b>		
Trash/debris is present		

Potential Problem	Code	Comments
<b>Perimeter of Permeable Pavement</b>		
Bare soil/erosive gullies		
Vegetated area drains toward pavement		
Other (describe)		

<b>Surface of the Permeable Pavement</b>		
Rutting/uneven settlement		
Trash/debris is present		
Weed growth		
Sediment is present on the surface		
Pavement is deteriorating or damaged		
Other (describe)		

<b>Observation Well</b>		
Water present more than 5 days after storm event		
Other (describe)		

<b>Miscellaneous</b>		
Access		
Vandalism		
Signage (if applicable)		
Other (describe)		

**Additional Comments/Recommendations:**

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Describe the maintenance/repair activities performed since the last inspection date (if no previous inspection, describe all maintenance performed). Examples: mowed the grass monthly, watered the plants weekly, picked up trash weekly, had the water quality unit cleaned with a vacuum truck on March 1, 2020, etc. Include current maintenance/repair activities or activities that need to be performed (e.g. the pervious concrete needs to be swept, the green roof needs to be weeded, etc):

**Please notify the Administrator when repairs from this report have been completed.**

**Inspection Result (circle):** Passed/Failed

**If failed, reason for failure:**

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**CERTIFICATION**

I, \_\_\_\_\_ as a duly registered \_\_\_\_\_ in the State of North Carolina attest that on \_\_\_\_\_, 20\_\_\_\_, a thorough inspection of all required stormwater control facilities was performed. All information provided is correct to the best of my knowledge.

Inspector's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Seal (if applicable)

License/Certification Number: \_\_\_\_\_

Date: \_\_\_\_\_