

| Potential Problem | Code | Comments |
|--|------|----------|
| Cistern | | |
| Sediment accumulation of 5% or more of design volume | | |
| Algae growth is present inside the cistern | | |
| Mosquitoes in the cistern | | |
| Other (describe) | | |
| Screens and Filters | | |
| Debris and/or sediment has accumulated | | |
| Screens and filters are clogged | | |
| Other (describe) | | |

Additional Comments/Recommendations:

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.



TOWN OF WAYNESVILLE

Stormwater Inspection Form

FOR OFFICE USE ONLY

Received by: _____

Date received: _____

Please use a separate form for each SCM on site

STORMWATER CONTROL MEASURE ANNUAL MAINTENANCE INSPECTION REPORT

RAINWATER HARVESTING

Inspection Result (circle): Passed/Failed

If failed, reason for failure:

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: _____