

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

Project Name:	Inspection Date:						
Inspector Phone #:	Inspector Email:						
Inspector Name:	Inspector Signature:						
Recent Rainfall: □0-2 days □3-5 days □5+ days	☐ Initial Inspection ☐ Follow-up Inspection						
☐ Operations and Maintenance Agreement Recorded ☐ Ú&C ¦^• Á; Ás@Á§•] ^&c^åÁÙÔT Áæ^Áæææ&@åÁ[Ás@Á; Ás@Á; { ÁffYei]fYXŁ							
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						
Entire System							
Component of system is damaged or leaking							
Water flowing out of overflow pipe during design storm							
Other (describe)							
Captured Roof Area							
Excess debris or sediment present on rooftop							
Other (describe)							
	1						
Gutter System							
Gutters are clogged, or water is backing up out of gutter							
Rooftop runoff not making it into gutter system							
Other (describe)							
Pump							
Pump is not operating properly							
Other (describe)							
Overflow Pipe							
Erosion is evident at the overflow discharge point							
The overflow pipe is clogged							
The overflow pipe is damaged							
Other (describe)							
<u> </u>							
Secondary Water Supply							
Not operating properly							
Other (describe)							

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)					
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Additional Comments/Recommendations:					
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.



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Inspection Result (circle):	Passed/Failed					
If failed, reason for failure:						
CERTIFICATION						
	_, a thorough inspection	of all required stormwa	_ in the State of North Carolina ter control facilities was performed.			
Inspector's Signature:						
Title:		9	Seal (if applicable)			
License/Certification Number	r:					
Date:						