

| 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:



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: _____