Stormwater Phase II Post-Construction runoff Program



Annual Inspection Report (Required Form)

Inspections shall be conducted as prescribed by the Operations and Maintenance Agreement. The person responsible for maintenance of any structural BMP installed pursuant to Article 6 (Environmental Protection) -Section 6.5.0.3 (Annual Maintenance Inspections) of the Town of Fletcher Land Development Code, shall submit to the Stormwater Administrator an inspection report from one of the following persons performing services only in their area of competence: a qualified registered North Carolina Professional Engineer, Landscape Architect or person certified by the North Carolina Cooperative Extension Service for stormwater treatment practice inspection and maintenance.

Address of Design Professional:

Telephone Number: ______

Email Address: ______

Inspection Information on Reverse Side

Type of Stormwater BMP being Inspected: _____

Has the system been modified from the As Built Plans: _____ _____ If yes, does the modification change the designed capacity and, or the design function of the system?

If the system is located in a common area is there any encroachment from surrounding property owners on pond or Easement? ___

Is there evidence of erosion at pond overflow spillways, or at downstream toe of drop structures, or in grass swales?

Is there evidence of sedimentation build up in any detention/retention areas? ______ If yes, describe

In vegetative areas, is there evidence of invasive plan species?

Is there any visual settlement, or horizontal misalignment of the stormwater dam, or animal burrows, or cracking, bulging, or sliding of dam?

Has the pond drain valve been exercised?

What is the overall condition of the facility? (i.e. Excellent, Good, Fair, Poor)

Please list any maintenance problems or repairs that need to be made immediately or in the near future to insure the continued proper operation of the stormwater facility.

, licensed to _____a _____ practice in the State of North Carolina do hereby certify that I inspected the above named site on the ______ day of , 20_____ and that all controls and features are in compliance with the terms and conditions of the approved maintenance agreement required by this ordinance.

Signature

а , licensed to practice in the State of North Carolina do hereby certify that I inspected the above named site on the _____ day of _____, 20_____ and that all controls and features are **NOT** in compliance with the terms and conditions of the approved maintenance agreement required by this ordinance.

Signature

Place Professional Seal