

Town of Laurel Park Storm Water Operation Maintenance Inspection Report

Date: _____ Stormwater Permit No. _____

Subdivision Name/Lot Owner: _____

Responsible Party: _____ ☐ Individual ☐ HOA ☐ Other

If HOA, Current President: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____

Phone No. _____ Cell _____ Email _____

Type of Stormwater being inspected

- ☐ Dry Detention ☐ Wet Detention ☐ Bio-Retention Area ☐ Constructed Wetland
☐ Underground storage ☐ Level Spreader ☐ Rain Garden ☐ Detention Swale
☐ Other _____

Please Check all Boxes either YES, NO, or N/A.

Has the system been modified from the As Built plans? ☐ yes ☐ No

If yes please describe the modifications.

Do the modifications change the designed capacity and, or the ☐ Yes ☐ No ☐ N/A
designed function of the system?

If the system is located in a common area is there any encroachment ☐ Yes ☐ No
from surrounding property owners on ponds and or easements?

Is there any evidence of erosion at pond overflow spillways, or at downstream toe of drop structures, or in grass channels or swells? ☐ Yes ☐ No

If the answer to any of the above is yes please describe _____

Is there evidence of sedimentation build up in any detention / retention areas, ☐ Yes ☐ No

If the answer to any of the above is yes please describe _____

In vegetated areas, is there evidence of invasive plant species? ☐ Yes ☐ No ☐ N/A

Is there any visual settlement, or horizontal misalignment of the stormwater dam, ☐ Yes ☐ No or animal burrows, or cracking, bulging, or sliding of dam?

If the answer to any of the above is yes please describe _____

Has the pond drain valve been exercised? ☐ Yes ☐ No ☐ N/A ☐

What is the overall condition of the facility? ☐ 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.

I _____ a _____, licensed to
(Name) (Title)
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 (seal)

*I _____ a _____, licensed to
(Name) (Title)
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 (seal)