



Storm Water Detention/ Retention Structures ♦ Inspection Checklist

If you have any questions regarding this checklist, please call Wake County
Environmental Services at (919) 856-7400 (request Watershed Management)

Property Owner: _____ Permit Number: _____

Owner Email: _____

Basin/ Property Address: _____

Phone Number of Owner and Maintainer: _____

Stormwater Control Measure Type (circle choice or write in below):

Bioretention /
(Rain Garden)

Cistern (above ground
or underground)

Wet Detention

Dry Well

Inspection Date _____

Dry Detention

Other

ANNUAL INSPECTION ITEMS

CIRCLE "YES" OR "NO" FOR ALL ITEMS BELOW

A. No adverse observations, in compliance (no corrective measures needed*)	YES	NO
B. Plants diseased-dying and/or algae present	YES	NO
C. Runoff bypasses device	YES	NO
D. Inlet/outlet visibly clogged	YES	NO
E. Water present 5 days after storm	YES	NO
F. Device removed or damaged (animal or human)	YES	NO
G. Trash accumulation	YES	NO
H. Noxious weeds present	YES	NO
I. Exposed soil or soil erosion	YES	NO
J. Odor present	YES	NO
K. Sediment accumulation	YES	NO
L. Animal interference	YES	NO
M. Trees present on dam	YES	NO
N. Grass longer than 8" in height	YES	NO
O. Cracks/sloughing observed on slopes/embankments	YES	NO

- OTHER ITEMS AND
COMMENTS: _____

- CORRECTIVE MEASURES* FOR ALL YES ANSWERS ABOVE: _____

THE INFORMATION PROVIDED IN THIS INSPECTION FORM IS AN ACCURATE AND CURRENT DESCRIPTION
OF THE STORMWATER DEVICE AT THIS ADDRESS (**ATTACH PHOTOS**)

SIGNATURE OF PERSON COMPLETING THIS FORM

DATE

THIS INSPECTION FORM MUST BE RETURNED WITHIN 30 DAYS OF DUE DATE:

<u>Postal Service:</u> Wake County Environmental Services: Water Quality Division	<u>Email:</u> watershedmanagement@wake.gov
ATTN: Watershed Management	
336 Fayetteville St. PO Box 550	<u>Upload :</u> Wake Permit Portal
Raleigh, NC 27602	Must register for an account and contact WM