

336 Fayetteville St. PO Box 550

Raleigh, NC 27602

## 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 Managemen

Phone Number of Owner and Maintainer:  Stormwater Control Measure Type (circle choice or write in below):  Storetention / Cistern (above ground or underground)  Wet Detention Dry Well Inspection Date  Ory 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  G. Trash accumulation YES NO  G. Trash accumulation YES NO  H. Noxious weeds present YES NO  J. Odor present YES NO  K. Sediment accumulation YES NO  M. Trees present on dam  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:  DIVIDION FORM MUST BE RETURNED WITHIN 30 DAYS OF DUE DATE:					umber:		
Rain Garden) Wet Detention Dry Well Other  ANNUAL INSPECTION ITEMS CIRCLE "YES" OR "NO" FOR ALL ITEMS BELOW  A. No adverse observations, in compliance (no corrective measures needed*) Plants diseased-dying and/or algae present PES NO B. Plants diseased-dying and/or algae present PES NO C. Runoff bypasses device PIS NO B. Inlet/outlet visibly clogged PES NO E. Water present 5 days after storm PES NO G. Trash accumulation PES NO H. Noxious weeds present PES NO J. Odor present PES NO K. Sediment accumulation PES NO K. Sediment accumulation PES NO L. Animal interference M. Trees present on dam N. Grass longer than 8" in height PES NO O. Cracks/sloughing observed on slopes/embankments  ORMATION PROVIDED IN THIS INSPECTION FORM IS AN ACCURATE AND CURRENT DESCRIPTION FORM MUST BE RETURNED WITHIN 30 DAYS OF DUE DATE:  PECTION FORM MUST BE RETURNED WITHIN 30 DAYS OF DUE DATE:	Owner En	nail:		_			
Stormwater Control Measure Type (circle choice or write in below):  Sioretention / Cistern (above ground Rain Garden) or underground)  Wet Detention Dry Well Inspection Date  Tory 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 F. Device removed or damaged (animal or human) YES NO G. Trash accumulation YES NO H. Noxious weeds present YES NO J. Odor present YES NO K. Sediment accumulation YES NO C. Animal interference 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:  ORMATION PROVIDED IN THIS INSPECTION FORM IS AN ACCURATE AND CURRENT DESC STORMWATER DEVICE AT THIS ADDRESS (ATTACH PHOTOS)  URE OF PERSON COMPLETING THIS FORM DATE  PECTION FORM MUST BE RETURNED WITHIN 30 DAYS OF DUE DATE:	Basin/ Pro	perty Addre	ess:				
Rioretention / Cistern (above ground or underground)  Wet Detention Dry Well Inspection Date  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 G. Trash accumulation YES NO H. Noxious weeds present YES NO J. Odor present J. Exposed soil or soil erosion YES NO J. Odor present K. Sediment accumulation 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:  DIAM TO DATE  ORMATION PROVIDED IN THIS INSPECTION FORM IS AN ACCURATE AND CURRENT DESC STORMWATER DEVICE AT THIS ADDRESS (ATTACH PHOTOS)  URE OF PERSON COMPLETING THIS FORM DATE  PECTION FORM MUST BE RETURNED WITHIN 30 DAYS OF DUE DATE:	Phone Nu	mber of Owi	ner and Maintainer:				
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		ed Manager	al Services: Water Quality Division				

**Upload**: Wake Permit Portal

Must register for an account and contact WM