



# Storm Water Detention/ Retention Structures ♦ Inspection Checklist

If you have any questions regarding this checklist, please call Wake County Planning and Development Services at (919) 856-7436 to speak with an Environmental Consultant in your area.

Basin / Property Owner: \_\_\_\_\_

Basin/ Structure Maintainer (usually owner): \_\_\_\_\_

Basin/ Property Address: \_\_\_\_\_

Phone Number of Owner and Maintainer: \_\_\_\_\_

Basin/ Structure Type (circle choice or write in below):

Rain Garden/Bioretenion      Cistern

Wet Detention                      Other

Dry Detention

\_\_\_\_\_  
Inspection Date

### ANNUAL INSPECTION ITEMS

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

- |  |     |    |
|--|-----|----|
| A. No adverse observations, in compliance          | 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(ATTACH ADDITIONAL PAGES IF NEEDED TO PROPERLY DOCUMENT INSPECTION ABOVE)  
THE INFORMATION PROVIDED IN THIS INSPECTION FORM IS AN ACCURATE AND CURRENT DESCRIPTION OF THE BASIN OR STRUCTURE AT THIS ADDRESS:

\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING THIS FORM

\_\_\_\_\_  
DATE

**THIS INSPECTION FORM MUST BE RETURNED TO THE FOLLOWING ADDRESS WITHIN 30 DAYS OF DUE DATE:**

**Wake County Planning and Development Services: Watershed Management Division  
336 Fayetteville St., PO Box 550, Raleigh, NC 27602**