



Chatham County Stormwater Inspection Form

FOR OFFICE USE ONLY	
Permit No.:	
Rec'd By:	
Date Rec'd:	

STORMWATER CONTROL MEASURE ANNUAL MAINTENANCE INSPECTION REPORT COVER SHEET

The Chatham County Stormwater Ordinance requires that Stormwater Control Measures (SCMs) be inspected annually to preserve and continue their function in controlling stormwater runoff quality and quantity at the degree for which the structural SCM was designed. Inspections shall be performed by a North Carolina Professional Engineer, Registered Landscape Architect or an individual that has received the Stormwater Inspection & Maintenance Certification from NC State University Cooperative Extension. This cover sheet along with one form per SCM shall be submitted to the Chatham County Stormwater Administrator annually.

A. General Information:

Use only one Cover Sheet per site with as many specific structural SCM Inspection Report attachments as needed. Please attach digital photographs of the site and structural SCMs as applicable.

Project Name: _____	Submittal Date: _____
Stormwater Permit Number: _____	Inspection Company: _____
Site Address: _____	Company Address: _____
Property Owner: _____	_____
Maintenance Agreement Book and Page Number (s): _____	Inspector Name: _____
Owner Address: _____	Inspector Phone #: _____
_____	Inspector Email: _____
Owner Phone #: _____	_____
Owner Email: _____	_____

B. Inspection Report Attachments:

The listed attachments are the Structural SCM Inspection Reports to be completed for this particular site. Please use one attachment per SCM inspected and submit all forms together with this Cover Sheet as one single report. Also, please document the number of each structural SCM found at this site in the below blank spaces.

- Bioretention Cell _____
- Wet Detention Basin _____
- Dry Detention Basin _____
- Stormwater Wetland _____
- Filter Strip/Level Spreader _____
- Grassed Swale _____
- Infiltration Basin _____
- Permeable Pavement _____
- Rainwater Harvesting _____
- Sand Filter _____
- Proprietary Devices _____
- Other _____