

Chatham County Stormwater Inspection Form

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

STORMWATER CONTROL MEASURE ANNUAL MAINTENANCE INSPECTION REPORT SAND FILTER

Project Name:	Inspection Date:	
Inspector Phone #:	Inspector Email:	
Inspector Name:	Inspector Signature:	
Recent Rainfall: □0-2 days □3-5 days □5+ days	☐ Initial Inspection ☐ Follow-up Inspection	
Aerial Photo of Site and Photographs of SCM Attached (Required)		
Code Key:		
	tial for future problem) r no maintenance needed at time of inspection)	
Potential Problem	Code Comments	
Entire SCM		
Trash/debris is present		
Adjacent Pavement (If Applicable)		
Sediment is present on the pavement surface		
Other (describe)		
(
Perimeter of Sand Filter		
Bare soil /erosive gullies		
Vegetation is too short or long		
Other (describe)		
Flow Diversion Structure		
Structure is clogged		
Structure is damaged		
Other (describe)		
Forebay or Pretreatment Area		
Sediment accumulation (greater than 6-inches)		
Erosion has occurred		
Weeds are present		
Other (describe)		
Filter Ded and Hadandarin Callertian Contant		
Filter Bed and Underdrain Collection System		
Ponding water more than 24 hours after storm event		
Other (describe)		

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Potential Problem	Code	Comments
Outlet Device		
Device is clogged		
Device is damaged		
Receiving Water		
Erosion or other signs of damage at the outlet		
Other (describe)		
Other (describe)		
Miscellaneous		
Access		
Vandalism		
Signage (if applicable)		
Other (describe)		
Other (decombe)		
Additional Comments/Recommendations:		
Additional Comments/Recommendations:		
Original signature and seal of engineer or landscape architect. If inspector has received the Stormwater		
Inspection & Maintenance Certification from NC State University Cooperative Extension, provide certification		
number.	o omversi	y 200porative Extension, provide certification
nameen		
Signature and title		Seal

Please notify the Chatham County Stormwater Administrator when repairs from this report have been completed.