



# Chatham County Stormwater Inspection Form

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

## STORMWATER CONTROL MEASURE ANNUAL MAINTENANCE INSPECTION REPORT PROPRIETARY DEVICES

Project Name: _____	Inspection Date: _____
Inspector Phone #: _____	Inspector Email: _____
Inspector Name: _____	Inspector Signature: _____
Recent Rainfall: <input type="checkbox"/> 0-2 days <input type="checkbox"/> 3-5 days <input type="checkbox"/> 5+ days	<input type="checkbox"/> Initial Inspection <input type="checkbox"/> Follow-up Inspection

**Aerial Photo of Site and Photographs of SCM Attached (Required)**

**Code Key:**

N/A	=	Not Applicable	M	=	Monitor (potential for future problem)
WN	=	Work Needed	S	=	Satisfactory (or no maintenance needed at time of inspection)

Potential Problem	Code	Comments
<b>Entire SCM</b>		
Trash/debris is present		
<b>Adjacent Pavement (If Applicable)</b>		
Sediment is present on the pavement surface		
Other (describe)		
<b>Flow Diversion Structure</b>		
The structure is clogged		
The structure is damaged		
Other (describe)		
<b>Filter Cartridges</b>		
Not performing as designed – see manufacturer I&M document to determine if cartridge maintenance is required		
Other (describe)		
<b>Outlet Device</b>		
Clogging has occurred		
The outlet device is damaged		
Other (describe)		
<b>Receiving Water</b>		
Erosion or other signs of damage at the outlet		
Other (describe)		

**Additional Comments/Recommendations:**

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**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.**

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**Signature and title**

**Seal**

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