



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 to speak with a Watershed manager 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 Environmental Services: Water Quality Division
ATTN: Stormwater & Floodplain Management
336 Fayetteville St. PO Box 550
Raleigh, NC 27602**