

# Buncombe County Storm Water Operation Maintenance Inspection Report

Date: \_\_\_\_\_ Stormwater Permit No. S- \_\_\_\_\_

Subdivision Name/Lot Owner: \_\_\_\_\_

Responsible Party: \_\_\_\_\_  Individual  HOA  Other

If HOA, Current President: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

## Type of Stormwater being inspected

- Dry Detention     Wet Detention     Bio-Retention Area     Constructed Wetland  
 Underground storage     Level Spreader     Rain Garden     Detention Swale  
 Other \_\_\_\_\_

*Please Check all Boxes either YES, NO, or N/A.*

Has the system been modified from the As Built plans?  yes  No

If yes please describe the modifications.

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Do the modifications change the designed capacity and, or the  Yes  No  N/A  
designed function of the system?

If the system is located in a common area is there any encroachment  Yes  No  
from surrounding property owners on ponds and or easements?

Is there any evidence of erosion at pond overflow spillways, or at downstream toe of drop structures, or in grass channels or swells?  Yes  No

If the answer to any of the above is yes please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there evidence of sedimentation build up in any detention / retention areas,  Yes  No

If the answer to any of the above is yes please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In vegetated areas, is there evidence of invasive plant species?  Yes  No  N/A

Is there any visual settlement, or horizontal misalignment of the stormwater dam,  Yes  No or animal burrows, or cracking, bulging, or sliding of dam?

If the answer to any of the above is yes please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the pond drain valve been exercised?  Yes  No  N/A

What is the overall condition of the facility?  Excellent  Good  Fair  Poor

Please list any maintenance problems or repairs that need to be made immediately or in the near future to insure the continued proper operation of the stormwater facility.

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

I \_\_\_\_\_ a \_\_\_\_\_, licensed to  
(Name) (Title)  
practice in the state of North Carolina do hereby certify that I inspected the above named site on  
the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and that all controls and features are in  
compliance with the terms and conditions of the approved maintenance agreement required by this  
ordinance.

\_\_\_\_\_  
signature (seal)

I \_\_\_\_\_ a \_\_\_\_\_, licensed to  
(Name) (Title)  
practice in the state of North Carolina do hereby certify that I inspected the above named site on  
the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and that all controls and features **are**  
**not** in compliance with the terms and conditions of the approved maintenance agreement required  
by this ordinance.

\_\_\_\_\_  
signature (seal)

Copies of this report are available at  
<https://www.buncombecounty.org/common/planning/stormwater-operation-triannual-inspection-form.pdf>