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.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

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

6/1/2020