

APPENDIX J

STORMWATER BMP ANNUAL INSPECTION REPORT FORM



Franklin County Stormwater BMP Annual Inspection Report

Franklin County Planning & Inspections

215 East Nash Street
Louisburg, NC 27549
Phone 919.496.2909 / Fax 919.496.2637
franklincountync.us

This form is to be completed and submitted annually by **September 30** to the Franklin County Planning Director.

Project Information:

Project Name: _____
Property Address: _____
Owner/Developer: _____
PIN #: _____ Date of Inspection: _____

Project Location: Tar-Pamlico River Basin Falls Lake Watershed

BMP Description and Number: (identify all that apply)

<input type="checkbox"/> Bioretention Areas	<input type="checkbox"/> Dry Detention Basins	<input type="checkbox"/> Grassed Swale
<input type="checkbox"/> Level Spreader	<input type="checkbox"/> Infiltration Basin	<input type="checkbox"/> Riparian Buffer
<input type="checkbox"/> Permeable Pavement	<input type="checkbox"/> Proprietary Devices	<input type="checkbox"/> Rooftop Runoff/ Harvesting
<input type="checkbox"/> Sand Filter	<input type="checkbox"/> Stormwater Wetlands	<input type="checkbox"/> Wet Detention Pond
<input type="checkbox"/> Underground Storage/ Detention	<input type="checkbox"/> Other (describe): _____	

General Information for all BMPs:

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has sediment accumulated in the inlet, outlet or forebay?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there signs of erosion or any denuded areas?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there trash or debris that needs to be removed? (especially at outlet structures)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are algae, aquatic weeds or invasive plants (particularly cattails) present?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there evidence of cracks, separation or alignment problems with pipes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are rip-rap dissipator pads damaged, clogged with vegetation or insufficient?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For dry detention ponds, is the basin holding water longer than 5 days after a storm event?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there evidence of muskrat or beaver activity?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are vegetated slopes steeper than 3:1?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there evidence of depressions in the soil surface over or around any pipes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are records of operation and maintenance available for inspections performed quarterly and after every 1" storm event? (include copy)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other problems not listed above (describe below).

Describe all problems in detail (use additional sheets if necessary):

Describe corrective actions needed (use additional sheets if necessary):

BMP Condition (check one):

- FAILED INSPECTION**
Has MAJOR deficiencies and must be repaired in order to function properly and operate as designed. A final inspection and certification must be performed and submitted after repair.
- CONDITIONAL APPROVAL**
Has MINOR deficiencies but repair is needed in order to ensure system does not fail. Final Certification can be issued with contingent upon corrective measures being addressed.
- FINAL CERTIFICATION**
BMP has no deficiencies and a Final Certification will be issued.

Owner/ Representative Certification:

I have read and understand the findings of this inspection. I understand that I am responsible for correcting all deficiencies identified in this report by **October 30th** of this year.

Owner Signature: _____	Date: _____
Owner of Record: _____	Telephone: _____
Address: _____	Fax: _____
_____	Email: _____

Inspector's Certification

As a duly registered Professional in the State of North Carolina, I hereby certify that the Stormwater BMP(s) described in this report were inspected under my responsible charge, and this report accurately identifies any deficiencies in the structure and function of the BMP(s).

Inspector Signature: _____	Date: _____
Inspector Name: _____	Telephone: _____
Company: _____	Fax: _____
Address: _____	Email: _____
_____	Credentials: _____

Completed NCSU BMP Maintenance & Inspection Certification? Yes No Certification # _____