APPENDIX J

STORMWATER BMP
ANNUAL INSPECTION REPORT
FORM
This form is to be completed and submitted annually by **September 30** to the Franklin County Planning Director.

**Project Information:**

<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Property Address:</th>
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<tr>
<td>Owner/Developer:</td>
<td>PIN #: Date of Inspection:</td>
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<tr>
<td>Project Location:</td>
<td>☐ Tar-Pamlico River Basin ☐ Falls Lake Watershed</td>
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**BMP Description and Number:** (identify all that apply)

- Bioretention Areas
- Level Spreader
- Permeable Pavement
- Sand Filter
- Underground Storage/ Detention
- Dry Detention Basins
- Infiltration Basin
- Proprietary Devices
- Stormwater Wetlands
- Grassed Swale
- Riparian Buffer
- Rooftop Runoff/ Harvesting
- Wet Detention Pond
- Other (describe):

**General Information for all BMPs:**

<table>
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<tr>
<th>Yes</th>
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- Has sediment accumulated in the inlet, outlet or forebay?
- Are there signs of erosion or any denuded areas?
- Is there trash or debris that needs to be removed? (especially at outlet structures)
- Are algae, aquatic weeds or invasive plants (particularly cattails) present?
- Is there evidence of cracks, separation or alignment problems with pipes?
- Are rip-rap dissipator pads damaged, clogged with vegetation or insufficient?
- For dry detention ponds, is the basin holding water longer than 5 days after a storm event?
- Is there evidence of muskrat or beaver activity?
- Are vegetated slopes steeper than 3:1?
- Is there evidence of depressions in the soil surface over or around any pipes?
- Are records of operation and maintenance available for inspections performed quarterly and after every 1” storm event? (include copy)
- 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: ___________________________

**Completed NCSU BMP Maintenance & Inspection Certification?**  ☐ Yes  ☐ No  Certification # _______________