

Maintenance and Inspection Checklist Pollution Control Devices

[Note: a separate form must be used for each device]

Project Name: _____
 Project Address: _____
 Owner's Name: _____
 Owner's Address: _____
 Recorded Book and Page Number of the Lot: _____
 BMP Name and Location: _____
 Inspection Date: _____
 Inspector: _____
 Inspector Address/Phone Number: _____
 Date Last Inspected: _____

Maintenance Item	Satisfactory	Unsatisfactory	Comments/Actions Required
1. Debris Cleanout			
Entire system clear of trash and debris	<input type="checkbox"/>	<input type="checkbox"/>	
2. Inlet			
Condition of grate (cracks, leaks, sedimentation, woody vegetation)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Outlet			
Condition of orifice	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge outlet free of erosion, debris, etc	<input type="checkbox"/>	<input type="checkbox"/>	
Clear of clogging	<input type="checkbox"/>	<input type="checkbox"/>	
4. Internal Structure			
Sediment accumulation of 3-6" or more at any point.	<input type="checkbox"/>	<input type="checkbox"/>	
Significant seepage or settlement with cracking within a small area of the vault	<input type="checkbox"/>	<input type="checkbox"/>	
Joint alignment and joint integrity of system	<input type="checkbox"/>	<input type="checkbox"/>	
Clean and unbroken pipes	<input type="checkbox"/>	<input type="checkbox"/>	
Manhole cover condition	<input type="checkbox"/>	<input type="checkbox"/>	
5. Cartridges and Drain Down Module (if applicable)			
Clear of trash and debris	<input type="checkbox"/>	<input type="checkbox"/>	
Replacement occurring per the sediment level indicated by the manufacturer's specifications	<input type="checkbox"/>	<input type="checkbox"/>	
6. Air Quality			
System internal air quality meets OSHA standards	<input type="checkbox"/>	<input type="checkbox"/>	
6. Miscellaneous			
Ground cover must be stable	<input type="checkbox"/>	<input type="checkbox"/>	
Standing or sediment laden water at any portion of the system	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

If applicable: Attach to this form documentation of BMP maintenance escrow account activity. This may be provided in the form of a bank statement which includes the current balance, as well as deposits and withdraws for the previous 12 months.

Maintenance Actions taken: [If any of the above items were marked “U” for unsatisfactory, explain the actions taken and time table for correction. Attach additional pages as necessary.]

Additional Comments:

Based upon my inspection of the constructed BMP described herein on _____, I certify that at the time of my inspection said BMP was functioning properly and was in substantial compliance with the approved plans and the terms and conditions of the approved maintenance agreement required by the Stormwater Control Ordinance.

Certification:

Inspector’s Signature

Date

[Note: The Stormwater Control Ordinance requires that inspections be conducted of all BMPs beginning within one (1) year from the date of record drawing certification and each year thereafter and that these inspections be completed by a qualified professional as defined in Section 23-33 of the Ordinance. All inspections must be documented and submitted using this form. The inspection form must be signed by the inspector and mailed to the City Engineer at the following address: City of Fayetteville, City Engineer, 433 Hay Street, Fayetteville NC 28301]