**Stormwater BMP**

Submit Inspection Reports once a year

To: Community Development

212 South Lake Dr

Lexington, SC 29072

Phone: (803) 785-8121

**Inspection Checklist**

**Check one:** [ ]  **Dry Pond** [ ]  **Wet Pond** [ ]  **Infiltration**

[ ]  **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TMS Number:­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_

Site name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Phone Number: Owner Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspection Date: Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspector Name: Inspectors credentials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspector Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weather Conditions:­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Embankment (Dam) and Emergency Spillway |
| Emergency Spillway Material Type: If other explain: .  |
| Maintenance Item | Inspected? | Maintenance Needed? | Comments |
|  | Yes | No | Yes | No |  |
| 1. Stabilized  |[ ] [ ] [ ] [ ]    |
| 2. Woody vegetation on dam |[ ] [ ] [ ] [ ]  \*\*No Woody Vegetation On Pond Dam\*\*  |
| 3. Erosion on embankment/dam  |[ ] [ ] [ ] [ ]    |
| 4. Animal burrows  |[ ] [ ] [ ] [ ]    |
| 5. Cracking, bulging or sliding of dam  |[ ] [ ] [ ] [ ]    |
|  A. Location:  |  |  |  |  |   |
|  B. Describe  |  |  |  |  |   |
| 6. Drains are clear and functioning  |[ ] [ ] [ ] [ ]    |
| 7. Leaks or seeps noted on embankment  |[ ] [ ] [ ] [ ]    |
|  A. Location  |  |  |  |  |   |
|  B. Describe  |  |  |  |  |   |
| 8. Emergency spillway clear of obstructions  |[ ] [ ] [ ] [ ]    |
| 9. Other (describe)  |  |  |  |  |  |
| Riser and Principal Spillway [ ]  N/A  |
| Size of Riser: Size of Barrel: \_\_\_\_\_\_\_  |
| Maintenance Item | Inspected? | Maintenance Needed? | Comments |
|  | Yes | No | Yes | No |  |
| 1. Low flow orifice  |[ ] [ ] [ ] [ ]    |
| 2. Trash rack  |[ ] [ ] [ ] [ ]    |
|  A. debris removal needed  |[ ] [ ] [ ] [ ]    |
|  B. corrosion noted  |[ ] [ ] [ ] [ ]    |
| 3. Excessive sediment buildup in riser  |[ ] [ ] [ ] [ ]    |
| 4. Riser condition  |[ ] [ ] [ ] [ ]  Material: If Other   |
| 5. Barrel condition  |[ ] [ ] [ ] [ ]  Material: If Other   |
| 6. Control Valve operational  |[ ] [ ] [ ] [ ]   |
| 7. Pond drain valve operational  |[ ] [ ] [ ] [ ]    |
| 8. Outfall functioning  |[ ] [ ] [ ] [ ]    |
| 9. Other (describe)  |  |  |  |  |  |
| Ponding Area |
| 1. Water Standing |[ ] [ ] [ ] [ ]   |
| 2. Undesirable vegetative growth  |[ ] [ ] [ ] [ ]    |
| 3. Debris removal needed  |[ ] [ ] [ ] [ ]    |
| 4. Visible pollution  |[ ] [ ] [ ] [ ]    |
| 5. Shoreline erosion |[ ] [ ] [ ] [ ]    |
| 6. Visible sediment deposition in ponding area |[ ] [ ] [ ] [ ]    |
| 7. Other (describe) |  |  |  |  |   |
| Sediment Forebay [ ]  N/A |
| Number of forebay: ­­­­­­  |
| 1. Sediment deposition |[ ] [ ] [ ] [ ]    |
| 2. Sediment cleanout needed (over 50% full)  |[ ] [ ] [ ] [ ]    |
| Inlet Points  |
| Number of Inlet Pipes:  |
| 1. Inlet pipes  |[ ] [ ] [ ] [ ]    |
| 2. Sediment/debris accumulation |[ ] [ ] [ ] [ ]    |
| 3. Woody Growth within 30’ |[ ] [ ] [ ] [ ]    |
| Infiltration Treatment Area [ ] N/A |
| 1. Treatment area- free of debris/trash |[ ] [ ] [ ] [ ]    |
| 2. Treatment area free of erosion |[ ] [ ] [ ] [ ]    |
| 3. Contributing watershed-stabilized |[ ] [ ] [ ] [ ]    |
| 4. Treatment area- water ponding more than 72 hrs |[ ] [ ] [ ] [ ]    |
| 5. Signs of subsurface collapse in treatment area |[ ] [ ] [ ] [ ]    |
| Other |
| 1. Headwalls and endwalls  |[ ] [ ] [ ] [ ]    |
| 2. Filter Rings |[ ] [ ] [ ] [ ]    |
| 3 Encroachment into pond or easement area |[ ] [ ] [ ] [ ]    |
| 4. Complaints from residents  |  |  |  |  |   |
| 5. Public hazards (describe)  |  |  |  |  |   |
| 6. Needs to be mowed |[ ] [ ] [ ] [ ]    |
| 7. Fence condition |[ ] [ ] [ ] [ ]    |
| 8. Other vegetation needs to be removed |[ ] [ ] [ ] [ ]    |
| 9. Access |[ ] [ ] [ ] [ ]    |
| 10. Other - describe |  |  |  |  |   |

Note: If any inspection items were checked “yes” for maintenance needed, list maintenance actions and dates completed below.

|  |  |  |
| --- | --- | --- |
| **Maintenance Action Needed** | **Date Due** | **Completed? Y/N** |
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|   |   |   |
|    |   |   |
|   |   |   |
|   |   |   |

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| --- | --- |
| Inspector Signature: | Printed Name:  |