City of Asheville Stormwater Services
Operation and Maintenance Inspection Report

Date: _____

Property PIN #: _____

Address of facility: _____

Maintenance Agreement recorded in Buncombe County Deed Book: _____ at Page _____

Land Owner: _____

Responsible Party: _____ ☐Individual ☐HOA ☐Other

If HOA, Current President: _____

Mailing Address: _____

City: _____   State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

Type of Stormwater being inspected (check all boxes that apply):

☐ Dry Detention   ☐ Wet Detention   ☐ Bio-Retention Area   ☐ Constructed Wetland

☐ Underground storage   ☐ Level Spreader   ☐ Rain Garden   ☐ Detention Swale

☐ Other: _____

Has the system been modified from the original plans? ☐ Yes ☐ No
If yes, describe modifications: _____
_____
_____
_____
_____.

Do the modifications change the designed capacity and or the designed function of the
stormwater system? ☐ Yes ☐ No ☐ N/A

If the system is located in a common area is there any encroachment from surrounding
property owners on ponds and or easements? ☐ Yes ☐ No ☐ N/A

Is there any evidence or erosion at pond overflow spillways, or at downstream toe of drop structures, or in grass channels or swells? ☐ Yes ☐ No ☐ N/A

If yes please describe: _____
_____
_____
_____.

Is there evidence of sedimentation build up in any detention/retention areas?
☐ Yes ☐ No ☐ N/A

If yes please describe: _____
_____
_____
_____.

Is there evidence of invasive plant species in vegetated areas? ☐ Yes ☐ No ☐ N/A

If yes please describe: _____
_____
_____
_____.

Is there any visual settlement, or horizontal misalignment of the stormwater dam, or animal burrows, or cracking, bulging, or sliding of dam? ☐ Yes ☐ No ☐ N/A

If yes please describe: _____
_____
_____
_____.

What is the overall condition of the facility? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

List any maintenance problems or repairs that need to be made to insure the continued proper operation of the stormwater facility: _____
_____
_____
_____
_____.

Property owner has made all repairs: ☐ Yes ☐ No ☐ N/A

If no please explain: _____

_____

_____

_____.

I _____ a _____, licensed to
        (Print Name)   (Print Title)

Practice in the state of North Carolina do hereby certify that I inspected the above named site on the _____ day of _____, 20_____ and all inspected structural BMP(s) are performing properly with no additional measures required and are in compliance with the terms and conditions of the recorded maintenance agreement.

_____

Signature   (seal)