

Dry Pond - Operation & Maintenance Inspection Form

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

SCM Name: _____ Parcel Number: _____
 SCM Address/Location: _____
 Inspection Date: _____ Last Inspection Date: _____
 Inspector Name: _____ Phone/Email: _____

Stormwater Collection System and Accessibility			
1. Dry pond is accessible for inspection.	Yes	No	N/A
2. Grates, gutters, curb openings, and pipes appear free from damage and clogs.	Yes	No	N/A
3. Swales are free from blockages and erosion.	Yes	No	N/A
Inlet(s) and Forebay			
4. Inlet pipes or swales are free from damage, clogs, and erosion.	Yes	No	N/A
5. Cattails, phragmites, or other invasives cover <10% of the surface area.	Yes	No	N/A
6. Forebay berm is stable and not eroding.	Yes	No	N/A
7. Forebay is free from trash and debris.	Yes	No	N/A
8. Forebay has at least 2 feet of depth.	Yes	No	N/A
Perimeter, Embankment, and Side Slopes			
9. Embankment is free from woody shrubs and trees.	Yes	No	N/A
10. Side slopes and embankment are stable, vegetated, and free from erosion/bare soil.	Yes	No	N/A
11. Perimeter of pond is free from trash and debris.	Yes	No	N/A
Main Treatment Area			
12. Water is standing more than 5 days after a storm event.	Yes	No	N/A
13. Cattails, phragmites, or other invasive plants are present in the basin.	Yes	No	N/A
14. Basin is free from trash and debris.	Yes	No	N/A
Outlet Device(s)			
15. Emergency spillway is clearly visible, free of debris and in good condition.	Yes	No	N/A
16. Outlet structure is free from damage, trash, blockages, and erosion.	Yes	No	N/A
17. Inspect/exercise all mechanical devices, valves, etc. (if applicable).	Yes	No	N/A
18. Outfall and energy dissipator are accessible and free of damage or debris.	Yes	No	N/A
Miscellaneous			
19. Water quality issues observed (i.e. oily sheen, algae, cloudy, discolored, etc.)	Yes	No	N/A

Action Plan to address any “Nos” listed above, including dates for completion (attach additional pages as necessary):

I do hereby certify that I conducted an inspection of the SCM described herein. I further certify that at the time of my inspection said SCM was performing properly and was in compliance with the terms and conditions of the approved operation and maintenance agreement required by Statesville UDO Section 8.05.

Certification:

Inspector Signature: _____ Date: _____
Inspector Name (print): _____
Certification Number: _____ Expiration Date: _____

[Note: Section 8.05 of the Statesville UDO requires that inspections be conducted of all SCMs beginning with one (1) year from the date of as-built certification and each year thereafter and that these inspections be completed by a Certified Stormwater SCM Inspection and Maintenance Professional. All inspections must be documented and submitted using this form. The inspection form must be signed and sealed (if applicable) by the Inspector and submitted electronically to the Stormwater Program Manager.]