

Wet 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. Wet 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. Algal growth covers <50% of the surface area.	Yes	No	N/A
6. Cattails, phragmites, or other invasives cover <10% of the surface area.	Yes	No	N/A
7. Forebay berm is stable and not eroding.	Yes	No	N/A
8. Forebay is free from trash and debris.	Yes	No	N/A
9. Forebay has at least 2 feet of depth.	Yes	No	N/A
Perimeter, Embankment, and Side Slopes			
10. Perimeter is free from water quality impacts caused by geese and ducks.	Yes	No	N/A
11. Embankment is free from woody shrubs and trees.	Yes	No	N/A
12. Side slopes and embankment are stable, vegetated, and free from erosion/bare soil.	Yes	No	N/A
13. Perimeter of pond is free from trash and debris.	Yes	No	N/A
14. Side slopes and embankment are free from muskrat and/or beaver activity.	Yes	No	N/A
Main Pool			
15. Vegetated shelf is covered with healthy vegetation and free from erosion.	Yes	No	N/A
16. Algal growth covers < 20% of the surface area.	Yes	No	N/A
17. Cattails, phragmites, or other invasive plants cover < 10% of the surface area.	Yes	No	N/A
18. Main pool is free from trash and debris.	Yes	No	N/A
19. Measured main pool depth > required main pool depth.	Yes	No	N/A
20. Fountain is not causing sedimentation issues in the pond (if applicable).	Yes	No	N/A
Outlet Device(s)			
21. Emergency spillway is clearly visible, free of debris and in good condition.	Yes	No	N/A
22. Outlet structure is free from damage, trash, blockages, and erosion.	Yes	No	N/A
23. Inspect/exercise all mechanical devices, valves, etc.	Yes	No	N/A
24. Outfall and energy dissipator are accessible and free of damage or debris.	Yes	No	N/A

Miscellaneous			
25. No mosquito larvae observed.	Yes	No	N/A
26. No 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.]

