



# TOWN of WAKE FOREST

## STORMWATER BMP ANNUAL INSPECTION REPORT

This completed certification and accompanying materials are to be submitted to the Town Engineer each year by the anniversary of the initial as-built certification date, as described in the Manual of Specification, Standards and Design, Section 2.10.C, are required for each stormwater control device.

### Project Information:

Project Name:	
Property Address:	
Property Owner:	
Property Owner Address:	
Property Owner Email:	Telephone:
Wake County PIN:	Date of Inspection:
Recorded Book and Page Number for each required stormwater control facility:	Book/ Page:

### BMP Description and Quantity *(designate all that apply)*

<input type="checkbox"/> Dry Detention Basin	<input type="checkbox"/> Sand Filter	<input type="checkbox"/> Grassed Swale	<input type="checkbox"/> Cistern
<input type="checkbox"/> Wet Detention Basin	<input type="checkbox"/> Level Spreader	<input type="checkbox"/> Permeable Pavement	<input type="checkbox"/> Underground Storage/Detention
<input type="checkbox"/> Stormwater Wetland	<input type="checkbox"/> Bioretention Area	<input type="checkbox"/> Proprietary Devices/ Other:	<input type="checkbox"/>

### Information for All BMPs:

Additional pages are required to complete this Stormwater BMP Annual Inspection Report. A narrative for each BMP is to be provided that details the current condition. Photographs are to be included to document sufficiently the current condition of all structures and features.

### Engineer, Surveyor or Landscape Architect Certification:

As a duly registered professional in the State of North Carolina, I hereby attest that all required stormwater control facilities for the above referenced project were thoroughly inspected under my responsible charge, were found to be performing properly and were in compliance with the approved stormwater management plan, applicable operation and maintenance agreements, and the Town of Wake Forest and NCDENR standards and regulations.

Certifier's Name:	License Number:
Title:	Company Name:
Address:	City/ State/ Zip
Telephone:	Email:

Seal/ Signature/ Date