



## STORMWATER FACILITY ANNUAL INSPECTION REPORT

This completed certification and accompanying materials are to be submitted to the Town Planning Director each year on or before July 31, for stormwater facilities. All stormwater facilities shall be maintained in accordance with instructions for the specific type of facilities, as described in Stormwater Best Management Practices ("Manual"), NC Department of Environment and Natural Resources, Division of Water Quality, Water Quality Section, 2017, including any and all subsequent revisions. At minimum, maintenance activities shall conform to the guidelines contained therein, and shall maintain the Facility as designed for optimal functioning.

**Project Information:**

Project Name:	
Property Address:	
Property Owner:	
Property Owner Address:	
Property Owner Email:	Telephone:
Johnston County PIN:	Date of Inspection:
Recorded Book and Page Number for each required storm water 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: _____	

**Information for All BMPs:**

Additional pages are required to complete this Stormwater Facility 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 Certification:**

As a duly registered professional engineer 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 any approved stormwater management plan, applicable operation and maintenance agreements, and the Town of Smithfield and NCDEQ standards and regulations.

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

Seal/Signature/Date