



Stormwater BMP Inspection Checklist

Submit Inspection Reports once a year
 To: Community Development
 212 South Lake Dr
 Lexington, SC 29072
 Phone: (803) 785-8121

Check one: Dry Pond Wet Pond Infiltration
 Other: _____

TMS Number: _____
 Site name: _____
 Property Address: _____
 Owner Name: _____
 Owner Address: _____
 Owner Phone Number: _____ Owner Email: _____

Inspection Date: _____ Time: _____
 Inspector Name: _____ Inspectors credentials: _____
 Inspector Email: _____
 Weather Conditions: _____

Embankment (Dam) and Emergency Spillway					
Emergency Spillway Material Type: _____		If other explain: _____			
Maintenance Item	Inspected?		Maintenance Needed?		Comments
	Yes	No	Yes	No	
1. Stabilized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Woody vegetation on dam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	**No Woody Vegetation On Pond Dam**
3. Erosion on embankment/dam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Animal burrows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Cracking, bulging or sliding of dam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A. Location:					
B. Describe					
6. Drains are clear and functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Leaks or seeps noted on embankment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A. Location					
B. Describe					
8. Emergency spillway clear of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Other (describe)					
Riser and Principal Spillway <input type="checkbox"/> N/A					
Size of Riser: _____		Size of Barrel: _____			
Maintenance Item	Inspected?		Maintenance Needed?		Comments
	Yes	No	Yes	No	
1. Low flow orifice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Trash rack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A. debris removal needed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. corrosion noted		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Excessive sediment buildup in riser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Riser condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material: _____ If Other
5. Barrel condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material: _____ If Other

6. Control Valve operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Pond drain valve operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Outfall functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Other (describe)					
Ponding Area					
1. Water Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Undesirable vegetative growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Debris removal needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Visible pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Shoreline erosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Visible sediment deposition in ponding area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Other (describe)					
Sediment Forebay <input type="checkbox"/> N/A					
Number of forebay:					
1. Sediment deposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Sediment cleanout needed (over 50% full)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inlet Points					
Number of Inlet Pipes:					
1. Inlet pipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Sediment/debris accumulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Woody Growth within 30'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infiltration Treatment Area <input type="checkbox"/> N/A					
1. Treatment area- free of debris/trash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Treatment area free of erosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Contributing watershed-stabilized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Treatment area- water ponding more than 72 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Signs of subsurface collapse in treatment area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other					
1. Headwalls and endwalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Filter Rings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Encroachment into pond or easement area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Complaints from residents					
5. Public hazards (describe)					
6. Needs to be mowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Fence condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Other vegetation needs to be removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Other - describe					

Note: If any inspection items were checked "yes" for maintenance needed, list maintenance actions and dates completed below.

Maintenance Action Needed	Date Due	Completed? Y/N

Inspector Signature:

Printed Name: