



# **Permanent Stormwater Management Facility Annual Inspection Form Constructed Wetland**

**Inspection report submitted for year: \_\_\_\_\_**

## **City of San Marcos Ordinance Section 86.531 - Maintenance and repair of permanent stormwater facilities:**

Owner(s) of permanent stormwater management facility(ies) must conduct, at a minimum, an annual inspection of each facility. The inspection report must be prepared by a Texas-licensed engineer and the licensed engineer must be chosen from a list of precertified engineers provided by the city.



**Permanent Stormwater Management Facility  
Annual Inspection Form  
Constructed Wetland**

*Revised April 1, 2020*

**Legend:**

**S = Satisfactory – Basin is in a condition that meets original design specs.**

**U = Unsatisfactory – Basin is in a condition that does not meet original design specs.**

**N/A = Not Applicable**

**Type of Wetland:**

Ties into groundwater     Pond with some wetland plantings     Multiple pond system

Planter Box     Other: \_\_\_\_\_



**Inlet Point Assessment (Where the inflow into the facility originates)**

| Inspection  | S | U | N/A | Corrective Actions | Expected Completion |
|---|---|---|-----|--------------------|---------------------|
| Obstruction<br>(vegetation/debris/<br>sediment)       |   |   |     |                    |                     |
| Structural Condition                                  |   |   |     |                    |                     |
| Erosion/Undercutting                                  |   |   |     |                    |                     |
| Visible pollution (trash,<br>debris, oil sheen, etc.) |   |   |     |                    |                     |
| Diseased or dying<br>vegetation                       |   |   |     |                    |                     |
| Sediment accumulation?                                |   |   |     |                    |                     |
| Displacement of rip rap<br>or fabric                  |   |   |     |                    |                     |
| Invasive or woody<br>vegetation                       |   |   |     |                    |                     |
| Comments  |   |   |     |                    |                     |



## Forebay Assessment

| Inspection   | S | U | N/A | Corrective Actions | Expected Completion |
|--|---|---|-----|--------------------|---------------------|
| Sediment accumulation                              |   |   |     |                    |                     |
| Structural condition                               |   |   |     |                    |                     |
| Visible pollution (trash, debris, oil sheen, etc.) |   |   |     |                    |                     |
| Algae present                                      |   |   |     |                    |                     |
| Mosquitoes present                                 |   |   |     |                    |                     |
| Invasive or woody vegetation                       |   |   |     |                    |                     |
| Diseased or dying vegetation                       |   |   |     |                    |                     |
| Comments   |   |   |     |                    |                     |



**Permanent Pool Assessment (Area of main treatment and further sediment drop-out)**

| Inspection   | S | U | N/A | Corrective Actions | Expected Completion |
|--|---|---|-----|--------------------|---------------------|
| Visible pollution (trash, debris, oil sheen, etc.)           |   |   |     |                    |                     |
| Sediment accumulation  |   |   |     |                    |                     |
| Diseased or dying vegetation                                 |   |   |     |                    |                     |
| Invasive or woody vegetation                                 |   |   |     |                    |                     |
| Algae cover %  |   |   |     |                    |                     |
| Emergency spillway free of obstructions and woody vegetation |   |   |     |                    |                     |
| Permanent pool level normal $\geq 5$ days after rain event   |   |   |     |                    |                     |
| Comments   |   |   |     |                    |                     |



## Embankment Assessment

| Inspection                               | S | U | N/A | Corrective Actions | Expected Completion |
|--|---|---|-----|--------------------|---------------------|
| Bare soil, erosion, loss of dam material |   |   |     |                    |                     |
| Invasive or woody vegetation             |   |   |     |                    |                     |
| Animal burrows                           |   |   |     |                    |                     |
| Diseased or dying vegetation             |   |   |     |                    |                     |
| Signs of seepage on downstream face      |   |   |     |                    |                     |
| Embankment mowing                        |   |   |     |                    |                     |
| Comments                                 |   |   |     |                    |                     |



## Outfall Structure Assessment

| Inspection                                       | S | U | N/A | Corrective Actions | Expected Completion |
|--|---|---|-----|--------------------|---------------------|
| Obstructed pipe/trash rack/draw down orifice     |   |   |     |                    |                     |
| Erosion /undercutting                            |   |   |     |                    |                     |
| Joint failure/loss of joint material/soil piping |   |   |     |                    |                     |
| Displacement of filter fabric or rip rap         |   |   |     |                    |                     |
| Sediment/debris accumulation                     |   |   |     |                    |                     |
| Comments   |   |   |     |                    |                     |



### Miscellaneous Assessment

| Inspection  | S | U | N/A | Corrective Actions | Expected Completion |
|---|---|---|-----|--------------------|---------------------|
| Access restricted (ex: fence, vegetation, etc.)     |   |   |     |                    |                     |
| Evidence of routine maintenance not being performed |   |   |     |                    |                     |
| Is site modified from approved plan                 |   |   |     |                    |                     |
| Facility is operating per permit requirements       |   |   |     |                    |                     |
| Comments  |   |   |     |                    |                     |





**Photographs:**

Please attach any photographs taken during this inspection at the end of this report. Include a description of each photograph.



## **Inspection results:**

**Pass**

Inspection determined that the facility is operating as it was originally designed and no apparent problems exist.

**Pass with conditions**

The facility is operating as it was originally designed, however, some maintenance items should be addressed as a good housekeeping measure to prevent future deficiencies. These maintenance items are addressed in the above assessments and/or in the additional comments listed below.

**Fail**

Inspection of the facility determined that deficiencies were discovered and the facility is not operating as it was originally designed. Maintenance and/or recommended repairs are addressed in the individual assessments and/or in the additional comments section of this report. See enforcement actions listed below

## **Enforcement Actions**

### **Enforcement procedures are as followed:**

Failed inspection reports must be submitted to the City of San Marcos within 5 business days from the time of inspection. Maintenance and/or repairs must be addressed within 30 days of the City of San Marcos receipt of this report. If it is infeasible to address any maintenance and/or repairs of the facility within 30 days of the City of San Marcos receipt of this report, please contact the City of San Marcos Stormwater Systems Manager (512-393-8036) in regards to providing a maintenance/repair schedule.



**Additional Comments:**

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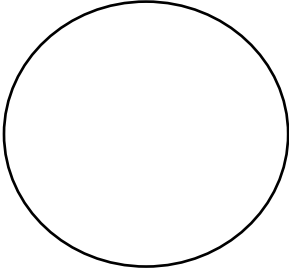
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**I certify that this information is true and accurate to the best of my knowledge.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_