

Annual Stormwater Control Measure (SCM) Inspection Report

SAND FILTER

Project Name: _____ Inspection Date: _____

SCM Location: _____ SCM ID Number: _____

(If applicable and as labeled on Town-approved Construction Plans)

Code Key:

N/A = Not Applicable	M = Monitor (potential for future problem)
NP = Not a Problem	WN = Work Needed (not consistent with approved plans)



FLOW DIVERSION STRUCTURE

Assessment	Code	Comments
Obstruction: vegetation/debris/sediment		
Erosion/undercutting		
Structural condition		
Other (describe)		

PERIMETER

Assessment	Code	Comments
Sediment/debris accumulation		
Bare soil/erosive gullies		
Vegetation length (too short/too long)		
Other (describe)		

PRETREATMENT AREA

Assessment	Code	Comments
Sediment/debris accumulation		
Erosion present		
Invasive vegetation		
Other (describe)		

FILTER BED AND UNDERDRAIN SYSTEM

Assessment	Code	Comments
Standing water (>24 hours after storm)		
Shrubs/trees present		
Oil and/or grit present		
Other (describe)		

OUTLET DEVICE

Assessment	Code	Comments
Obstruction: vegetation/debris/sediment		
Structural condition		
Erosion/undercutting		
Dissipator pad condition		
High-flow bypass (if applicable)		
Other (describe)		

MISCELLANEOUS

Assessment	Code	Comments
Trash/debris		
Access		
Vandalism		
Signage (if applicable)		
Other (describe)		

PHOTOGRAPHS

Attach color digital photographs of the site and SCMs including a caption describing each photo.

ADDITIONAL COMMENTS
