

Annual Stormwater Control Measure (SCM) Inspection Report

BAYFILTER

Project Name: _____ Inspection Date: _____

SCM Location: _____ SCM ID Number: _____
(If applicable and as labeled on Town-approved Construction Plans)

* Please use the ADS BayFilter I&M manual for additional reference.

Code Key:

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



INFLOW POINTS/VAULT

Assessment	Code	Comments
Sediment/debris accumulation		
Standing water		
Access hatch condition		
Access ladder condition		
Vault structural condition		
Other (describe)		

FILTER CARTRIDGES

Assessment	Code	Comments
Sediment/debris accumulation		
Evidence of scum line		
Clogged or damaged cartridges		
Other (describe)		

OUTLET DEVICE

Assessment	Code	Comments
Sediment/debris accumulation		
Pipe structural condition		
High-flow bypass (if applicable)		
Other (describe)		

MISCELLANEOUS

Assessment	Code	Comments
Trash accumulation		
Site access		
Vandalism		
Odors present		
Signage (if applicable)		
Other (describe)		

PHOTOGRAPHS

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

ADDITIONAL COMMENTS
