

Annual Stormwater Control Measure (SCM) Inspection Report

LEVEL SPREADER

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)



INLET / FLOW SPLITTER DEVICE

Assessment	Code	Comments
Obstruction: vegetation/debris/sediment		
Structural condition		
Rip rap location/condition		
Other (describe)		

BLIND SWALE AND LEVEL SPREADER

Assessment	Code	Comments
Sediment/debris accumulation		
Level lip is cracked, settled, undercut, or eroded		
Stormwater is bypassing level spreader		
Vegetation growth on swale or downstream of level lip		
Other (describe)		

BYPASS CHANNEL

Assessment	Code	Comments
Bare soil/erosive gullies		
Turf reinforcement condition		
Displacement of rip rap		
Other (describe)		

FILTER STRIP

Assessment	Code	Comments
Grass length (too short/too long)		
Bare soil/erosive gullies		
Sediment accumulation		
Grass is dead, diseased, or dying		
Nuisance vegetation is present		
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
