

Annual Stormwater Control Measure (SCM) Inspection Report "OTHER"*

Project Name: _____

Inspection Date: _____

SCM Location: _____

SCM ID Number: _____

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

*Examples include green roofs, cisterns, permeable pavement, innovative systems, etc.

Code Key:

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



SCM DESCRIPTION

FEATURES (fill in as needed)

Assessment	Code	Comments

PHOTOGRAPHS

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

ADDITIONAL COMMENTS
