



Annual Stormwater Control Measure (SCM) Inspection Report Cover Sheet

Inspection Year: _____

The Town of Apex UDO Section 6.1.12(I) requires that each SCM be inspected annually to ensure that each is being maintained on a routine basis throughout the year and is functioning as originally designed.

General Information

Use one Cover Sheet per site with as many specific SCM Inspection Report Forms as needed.

Please include, at the end of the report package, color photographs of the main components of each SCM and include captions.

Project Name: _____

Inspection Date: _____

SCM Owner: _____

Current Weather: _____

Mailing Address: _____

Date and Amount
of Last Rainfall: _____

Inspection Company: _____

Owner Phone #: _____

Inspector Name: _____

Owner E-mail: _____

Mailing Address: _____

Town Watershed
Protection Overlay
District:

Primary

Inspector Phone #: _____

Secondary

Inspector E-mail: _____

Inspection Reporting Forms

Please indicate the quantity of each SCM associated with the site in the blank spaces provided below. Use one form per SCM and submit all forms together (along with photographs) as a single PDF report with this Cover Sheet as the first page.

Number of SCMs at this site:

Bioretention Cell	_____
Dry Pond	_____
Grassed Swale	_____
Hydrodynamic Separator	_____
Level Spreader	_____
Sand Filter	_____
StormFilter	_____
Stormwater Wetland	_____
Underground Detention	_____
Wet Pond	_____
Other (Describe)	_____

Inspection Results

FAIL*

*If any one item on an Inspection Form is coded as 'Work Needed', then the entire SCM fails inspection. If a site has multiple SCMs and one SCM fails inspection, mark as 'Fail' until all SCMs for the site pass inspection. If maintenance records are not included with this report, the site automatically fails inspection.

Note: A summary of required repairs must be noted on the inspection form and submitted to the Town following completion of the failed inspection. A re-inspection and certification must be completed within **60 days** of the failed report date. It is recommended that the inspector be part of the repair process to ensure that repairs are being performed properly.

PASS

Note: The certifying Professional must sign and seal below.

Maintenance Records

Please include records (or other confirmatory proof) of routine SCM maintenance completed since the last annual inspection. **Routine maintenance is required for each SCM in accordance with the Town UDO and per the recorded O&M agreement.**

Records Available

Please attach records electronically to the PDF report package.

Records Not Available

Note that a site will fail inspection if no records are included.

Professional Certification (Registered North Carolina Professional Engineer, Landscape Architect, or Public Land Surveyor)

To be completed only when all SCMs at the site are functional with no outstanding maintenance issues.

I, _____, as a duly registered _____ in the State of North Carolina, attest that a thorough inspection has been completed for all SCMs associated with this site. All inspected SCMs are performing as designed and are in compliance with the terms and conditions of the approved O&M agreements required by the Town of Apex and recorded with Wake County.

Signature: _____

SEAL

Date: _____