



# Annual Stormwater Control Measure (SCM) Inspection Report Cover Sheet

*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

Secondary

Inspector Phone #: \_\_\_\_\_

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.

**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 throughout the year is required for each SCM in accordance with the Town UDO and per the recorded O&M agreement.

**Records Available**

*If available, please attach electronically to the PDF report package.*

**Records Not Available**

*If not available, why:* \_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_