# ANNUAL SCM INSPECTION REPORT DRY POND (SCM113)



| 102 Town Hall Drive, Leland, N<br>www.townofleland.com       | IC 28451 | Public Services Department Phone 910-371-0148 Fax 910-371-1073 |
|--|----------|--|
| Project Name:  |          | Inspection Date:   |
| Permit Number:   |          | SCM Location:  |
|  |          | SCM ID #:  |
|  |          | (As labeled on Town-approved Plans)                            |
| This SCM is currently:  acting as a temporary sed  CODE KEY: |          |  |
| N/A = Not Applicable<br>NP = Not a Problem                   |          | onitor (potential for future problem)<br>Vork Needed           |
| INLET DEVICE(s)  |          |  |
| Assessment   | Code     | Explanation  |
| Obstruction:<br>Vegetation/Debris/Sediment                   |          |  |
| Erosion/Undercutting   |          |  |

### **EMBANKMET**

**Pipe Condition** 

Other (describe)

rap

Displacement of fabric/rip

| Assessment                | Code | Explanation |
|---------------------------|------|-------------|
| Erosion and/or loss of    |      |             |
| dam material              |      |             |
| Shrubs/Trees present      |      |             |
| Animal Burrows            |      |             |
| Soft spots or boggy areas |      |             |
| Other (describe)          |      |             |

<sup>\*</sup>The Town of Leland highly recommends that a dam specialist be consulted regarding established trees growing on a dam. The SCM owner may choose to leave the trees on the dam provided they are not adversely affecting the SCM functionality or creating a nuisance. However, the Town assumes no liability for any future damage caused by the trees remaining on the dam.

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| Assessment                 | Code | Explanation |
|----------------------------|------|-------------|
| Accumulation:              |      |             |
| Vegetation/Debris/Sediment |      |             |
| Side Slope Erosion         |      |             |
|                            |      |             |
| Invasive Vegetation        |      |             |
|                            |      |             |
| Other (describe)           |      |             |
|                            |      |             |

# **MAIN TREATMENT AREA**

| Assessment                 | Code | Explanation |
|----------------------------|------|-------------|
| Accumulation:              |      |             |
| Vegetation/Debris/Sediment |      |             |
| Standing water (>5 days    |      |             |
| after storm)               |      |             |
| Plants are                 |      |             |
| dead/diseased/dying        |      |             |
| Vegetation length (too     |      |             |
| short/long)                |      |             |
| Bare soil/erosion gullies  |      |             |
|                            |      |             |
| Invasive vegetation (%)    |      |             |
|                            |      |             |
| Other (describe)           |      |             |
|                            |      |             |

## OUTLET DEVICE(s)

| Assessment                           | Code | Explanation |
|--------------------------------------|------|-------------|
| Obstruction:                         |      |             |
| Vegetation/Debris/Sediment           |      |             |
| Erosion/Undercutting                 |      |             |
| Joint failure/loss of joint material |      |             |
| Leaking Device                       |      |             |
| Other (describe)                     |      |             |

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| MISCELLANEOUS                                      |      |  |
|--|------|--|
| Assessment   | Code | Explanation  |
| Trash/Debris                                       |      |  |
| Access   |      |  |
| Vandalism  |      |  |
| Fence Condition                                    |      |  |
| Signage  |      |  |
| Other (describe)                                   |      |  |
| PHOTOGRAPHS Attach the photo.  ADDITIONAL COMMENTS |      | ographs of the site and structural control measure(s) including a caption describing |
|  |      |  |
|  |      |  |
|  |      |  |
|  |      |  |
|  |      | Inspector Initials:  |

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