

ANNUAL SCM INSPECTION REPORT COVER SHEET (SCM101)



102 Town Hall Drive, Leland, NC 28451
www.townofleland.com

Public Works Department
Phone 910-371-0148 Fax 910-371-1073

The Town of Leland Stormwater Management Ordinance (Chapter 26) requires that structural control measures (SCM's) be inspected annually to ensure they are being maintained properly and are functioning as originally designed and intended.

A. GENERAL INFORMATION

Use only one Cover Sheet per site with as many specific SCM Inspection Report attachments as needed. Please include digital photographs of the site and SCM's as applicable.

Project: _____

Inspection Date: _____

Permit Number: _____

Weather Conditions: _____

SCM Owner: _____

Inspection Company: _____

Mailing Address: _____

Mailing Address: _____

Phone #: (____) _____

SCM Inspector Name: _____

Fax #: (____) _____

Inspector Phone #: (____) _____

Deed Book & Page: _____

Receiving Stream: _____

B. INSPECTION REPORT ATTACHMENTS

The listed forms below are the Structural Control Measure Inspection Reports to be completed for this particular site. Please use one form per SCM on site and submit all forms together with this Cover Sheet (SCM101) as one singular report. Also, document the number of each SCM found at each site in the spaces below.

		Number of SCM's at this site
Form SCM102	Infiltration System	_____
Form SCM103	Bioretention Cell	_____
Form SCM104	Wet Pond	_____
Form SCM105	Stormwater Wetland	_____
Form SCM106	Permeable Pavement	_____
Form SCM107	Sand Filter	_____
Form SCM108	Rainwater Harvesting	_____
Form SCM109	Green Roof	_____
Form SCM110	Level Spreader-Filter Strip	_____
Form SCM111	Disconnected Impervious Surface	_____
Form SCM112	Treatment Swale	_____
Form SCM113	Dry Pond	_____

C. INSPECTION RESULTS

FAIL ☐

- If any one item on the inspection form is coded as 'Work Needed', then the entire SCM Inspection fails.
- If a site has multiple SCM's and one fails inspection, this cover sheet is marked as 'FAIL' until all items on SCM's pass inspection.

Note: Applicable SCM Inspection Reports and confirmatory digital photographs summarizing required repairs must be completed within 60 days of a failed preliminary report. It is strongly encouraged that the inspector be part of the repair and maintenance process in a QA/QC role in order to ensure that the repairs are being performed properly.

PASS ☐

Note: A passed inspection form should be signed, stamped, and sealed below by the appropriate Professional and submitted to the Town on or before the established inspection due date. Attach all applicable SCM Inspection Reports and confirmatory digital photographs accordingly.

D. PROFESSIONAL CERTIFICATION (Registered North Carolina professional engineer, surveyor, or landscape architect):

To be completed only when all SCM's at this 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 structural control measure that are associated with this particular site. All inspected structural control measures are performing as designed and intended and are in compliance with the terms and conditions of the approved operation and maintenance agreements required by the Town of Leland.

Signature: _____

SEAL

Date: _____