

QUARTERLY SCM INSPECTION REPORT TREATMENT SWALE (SCM112)



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

Public Works 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 sediment collection device OR ☐ a permanent SCM

CODE KEY:

N/A = Not Applicable

M = Monitor (potential for future problem)

NP = Not a Problem

WN = Work Needed

SWALE

Assessment	Code	Explanation
Accumulation: Trash/Debris/Sediment		
Bare soil/erosion gullies		
Vegetation length (too short/too long)		
Grass is dead/diseased/dying		
Invasive Vegetation		
Inlet Damage		
Outlet Damage		
Other (describe)		

MISCELLANEOUS

Assessment	Code	Explanation
Trash/Debris		
Access		
Vandalism		
Fence Condition		
Signage		
Other (describe)		

PHOTOGRAPHS Attach digital photographs of the site and structural control measure(s) including a caption describing the photo.

ADDITIONAL COMMENTS

Inspector Initials: _____