

ANNUAL SCM INSPECTION REPORT

DRY POND

(SCM113)



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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

INLET DEVICE(s)

Assessment	Code	Explanation
Obstruction: Vegetation/Debris/Sediment		
Erosion/Undercutting		
Displacement of fabric/rip rap		
Pipe Condition		
Other (describe)		

EMBANKMENT

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

*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.

FOREBAY

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)		

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: _____