

ANNUAL SCM INSPECTION REPORT INFILTRATION SYSTEM (SCM102)



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

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 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

GRASS FILTER STRIP / PRETREATMENT AREA

Assessment	Code	Explanation
Accumulation: Vegetation/Debris/Sediment		
Bare soil/erosion gullies		
Vegetation length (too short/too long)		
Other (describe)		

FLOW DIVERSION STRUCTURE

Assessment	Code	Explanation
Obstruction: Vegetation/Debris/Sediment		
Erosion/Undercutting		
Structure Condition		
Other (describe)		

TRENCH / BASIN / MAIN TREATMENT AREA

Assessment	Code	Explanation
Accumulation: Vegetation/Debris/Sediment		
Side Slope Erosion		
Invasive Vegetation		
Ponding (>3 days after storm)		
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: _____