



Town of  
**INDIAN  
TRAIL**  
north carolina

## **ENGINEERING DEPARTMENT**

### **- SCM Annual Inspection -**

#### Requirements & Forms

For question/comments, please contact:

**Town of Indian Trail**  
**Engineering Department**  
315 Matthews-Indian Trail, NC  
PO Box 2430  
Indian Trail, NC 28079  
Phone: (704) 821-5401

## Stormwater Site Inspection Report

General Information	
<b>Site Name:</b>	
<b>Site Address:</b>	
<b>Town of Indian Trail Project #:</b>	
<b>Date of Inspection:</b>	
<b>Company Name:</b>	
<b>Investigator's Name(s):</b>	
<b>Investigator's Title:</b>	
<b>Investigator's Email:</b>	
<b>Investigator's Office Number:</b>	
<b>Investigator's Qualifications:</b>	
<b>Type of Inspection:</b> <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event <input type="checkbox"/> Regular <input type="checkbox"/> Pre-storm event	
Weather Information	
<b>Has there been a storm event since the last 24hrs?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, provide:</b> Storm Start Date & Time:                                Storm Duration (hrs):                                Approximate Amount of Precipitation (in):	
<b>Weather at time of this inspection?</b> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snowing <input type="checkbox"/> High Winds  <input type="checkbox"/> Other:                                                Temperature:	
<b>Are there any discharges at the time of inspection?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If YES, describe:</b>          	

**Site-specific SCMs**

- Number the SCM on your site map and list them below (add as many SCMs as necessary). Carry a copy of the Approve Site Plan with you during your inspection. This list will ensure that you are inspecting all required BMPs at your site.
- Take Pictures of each SCM on your site. Pictures are required to be attached to the report.

	<b>BMP Type</b>	<b>BMP Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
1		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Overall SCM Issues**

- Below are some general site issues that should be assessed during inspections.

	<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
1	Are all slopes properly stabilized and free of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Is outlet structure(s) free of sediment and deficiencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Are discharge points and receiving waters free of any sediment deposits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Are storm drain inlets free of debris and Deficiencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	<b>BMP/activity</b>	<b>Implemented?</b>	<b>Maintenance Required?</b>	<b>Corrective Action Needed and Notes</b>
<b>5</b>	Is trash/litter present at the time of inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b>	Are vehicle and equipment fueling, cleaning, and maintenance areas free of spills, leaks, or any other deleterious material?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>7</b>	Are materials that are potential stormwater contaminants stored inside or under cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8</b>	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Non-Compliance**

**Describe any incidents of non-compliance not described above:**

**\*\*INSERT PICTURES HERE (Date & Title)\*\***

## CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

**Print name and title:** \_\_\_\_\_

**Engineers Signature:** \_\_\_\_\_

**P.E Stamp & Date:**