



Annual Stormwater Control Measure Inspection Report Cover Sheet

The Town of Wake Forest UDO Section 12.5.6.C. requires that each SCM be inspected annually to ensure it is being maintained on a routine basis throughout the year and is functioning as originally designed.

General Information

Use one Cover Sheet per development along with the correct Inspection Report completed per SCM. Please include, at the end of the report package, color photographs of the inspected elements of each SCM and include captions with clear distinguishing labels.

Project Name: _____	Inspection Date: _____
SCM Owner/HOA: _____	Inspector: _____
Mailing Address: _____	Name/Company: _____
_____	Mailing Address: _____
Owner/HOA Phone #: _____	_____
Owner/HOA E-Mail: _____	Inspector Phone #: _____
As-builts Available: <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspector E-Mail: _____

SCM Overview

Please indicate the quantity of each type of SCM present in the development being inspected. **Note:** The number of inspection reports attached to this cover sheet should match the total number of SCMs listed below.

Number of SCMS Inspected:

Bioretention Cell	_____
Dry Pond	_____
Wet Pond	_____
Grassed Swale	_____
Level Spreader	_____
Sand Filter	_____
Other (Describe)	_____



TOWN of WAKE FOREST

301 S. Brooks Street
Wake Forest, NC 27587
t 919.435.9400

www.wakeforestnc.gov

Inspection Results

FAIL*

* If any one item on an Inspection Form is coded as "Issue", then the entire SCM fails inspection. If a development has multiple SCMs and one SCM fails inspection, mark as 'Fail' until all SCMs for the development pass inspection. If maintenance records are not included with this report, the development automatically fails inspection.

Note: A summary of required repairs must be noted on the inspection form submitted to the Town following completion of the failed inspection. A re-inspection and certification must be completed within 60 days of the failed report date. It is recommended that the inspector be part of the repair process to ensure that repairs are being performed properly.

PASS

Note: The certified professional must sign below.

Professional Certification (*Registered North Carolina Professional Engineer, Landscape Architect, Public Land Surveyor, or Certified SCM Inspector*)

To be completed only when all SCMs at the site are functional with no outstanding maintenance issues.

I, _____, as duly registered _____ in the State of North Carolina, attest that a thorough inspection has been completed for all SCMs associated with this development. All inspected SCMs are performing as designed and follow the terms and conditions of the approved O&M agreements required by the Town of Wake Forest and recorded with Wake County.

Signature: _____

Date: _____