

Chatham County Stormwater Inspection Form

FOR OFFICE USE ONLY		

STORMWATER CONTROL MEASURE ANNUAL MAINTENANCE INSPECTION REPORT FILTER STRIP/LEVEL SPREADER

Project Name:	Inspection Date:		
Inspector Phone #:	Inspector Email:		
Inspector Name:	Inspector Signature:		
Recent Rainfall: □0-2 days □3-5 days □5+ days	☐ Initial Inspection ☐ Follow-up Inspection		
Aerial Photo of Site and Photographs of SCM Attached (Required)			
Code Key:			
N/A = Not Applicable M = Monitor (potential for future problem) WN = Work Needed S = Satisfactory (or no maintenance needed at time of inspection)			
Potential Problem	Code Comments		
Entire SCM			
Trash/debris is present			
Flow Splitter Device (if applicable)			
Device is clogged			
Device is damaged			
Other (describe)			
The Level Spreader			
Level lip damaged (cracked, settled, undercut or eroded)			
Erosion around level lip end (from stormwater bypass)			
Trees/shrubs present (in swale or downstream or lip)			
Other (describe)			
Bypass Channel			
Areas of bare soil and/or erosion/gullies present	<u> </u>		
Turf reinforcement damaged/rip-rap displaced	 		
Other (describe)			
Filter Strip			
Grass is too short or too long (if applicable)			
Areas of bare soil and/or erosion/gullies present			
Sediment accumulation			
Grass is dead, diseased or dying			
Invasive vegetation			
Other (describe)	1		



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Permit No.:	
Rec'd By:	
Date Rec'd:	

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Receiving Water	
Erosion or other signs of damage at the outlet	
Other (describe)	
Miscellaneous	
Access	
Vandalism	
Signage (if applicable)	
Other (describe)	
Additional Comments/Recommendations:	
number.	e architect. If inspector has received the Stormwater te University Cooperative Extension, provide certification
Signature and title	Jeal Seal