

Annual Stormwater Control Measure (SCM) Inspection Report

GRASSED SWALE

Project Name: _____

Inspection Date: _____

SCM Location: _____

SCM ID Number: _____

(If applicable and as labeled on Town-approved Construction Plans)

Code Key:

N/A = Not Applicable	M = Monitor (potential for future problem)
NP = Not a Problem	WN = Work Needed (not consistent with approved plans)



ENTIRE LENGTH OF SWALE

Assessment	Code	Comments
Trash/debris		
Bare soil/erosive gullies		
Sediment accumulation		
Vegetation length (too short/too long)		
Invasive vegetation		
Erosion/damage to outlet		
Other (describe)		

PHOTOGRAPHS

Attach color digital photographs of the site and SCMs including a caption describing each photo.

ADDITIONAL COMMENTS
