

**City of Monroe**  
**Annual Inspection**  
**SCM Maintenance and Inspection Check List**  
***Level Spreader***

[Note: A separate form must be used for each SCM]

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

SCM Name: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Inspector: \_\_\_\_\_

Inspector Address/Phone Number: \_\_\_\_\_

<b>Maintenance Item</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Comments/Actions Required</b>
<b>1. Entire BMP</b>			
Clear of trash and debris			
<b>2. Flow splitter device (if applicable)</b>			
Device is clogged			
Device is damaged			
Other (describe)			
<b>3. Swale and the level lip</b>			
Swale is clogged with sediment			
Level lip damaged (cracked, settled, undercut or eroded)			
Erosion around level lip end (from stormwater bypass)			
Trees/shrubs present (in swale or downstream of lip)			
Swale is overgrown			
Other (describe)			
<b>4. Bypass channel</b>			
Erosion/gullies present			

Turf reinforcement damaged/riprap displaced			
Other (describe)			
<b>5. Filter strip</b>			
Grass is too short or too long (if applicable)			
Erosion/gullies present			
Sediment accumulation			
Plants are desiccated			
Plants are dead, diseased or dying			
Invasive vegetation			
Other (describe)			
<b>6. Receiving Water</b>			
Erosion or other sign of damage at the outlet			
Other (describe)			
<b>7. Miscellaneous:</b>			

Attach to this form documentation of SCM maintenance escrow account activity. This may be provided in the form of a bank statement which includes the current balance, as well as deposits and withdraws for the previous 12 months.

**Maintenance Actions Taken:** [If any of the above items were marked "U" for unsatisfactory, explain the actions taken and time table for correction. Attach additional pages as necessary.]

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**Additional Comments:**

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I do hereby certify that I conducted an inspection of the SCM described herein. I further certify that at the time of my inspection said SCM was performing properly and was in compliance with the terms and conditions of the approved maintenance agreement required by the Phase II Post-Construction Stormwater Ordinance.

Certification:

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Inspector's Signature

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Date

Inspector's SCM Stormwater Certification Number: \_\_\_\_\_

(PE Seal, if applicable)

Note: An annual inspection of each SCM must be performed by a qualified professional in accordance with the City of Monroe's Phase II Stormwater Ordinance. All such inspections shall be documented and submitted on this form. The annual inspection shall occur before the first and each subsequent anniversary of the as-built certification. The inspection report along with 1-4 photos for each SCM shall be submitted on/or before the anniversary date to the City of Monroe's Engineering Department at 300 W. Crowell Street, Monroe, NC 28112 or mailed to the City's Stormwater Department at PO Box 69, Monroe, NC 28111-0069.