

**City of Monroe**  
**Annual Inspection**  
**SCM Maintenance and Inspection Check List**  
***Sand Filter***

[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. Debris Cleanout</b>                                |                     |                       |                                  |
| Clear of trash and debris                                |                     |                       |                                  |
| <b>2. Street Sweeping</b>                                |                     |                       |                                  |
| Parking lot street sweeping                              |                     |                       |                                  |
| <b>3. Erosion</b>  |                     |                       |                                  |
| Evidence of soil erosion around contributing areas       |                     |                       |                                  |
| <b>4. Sedimentation chamber</b>                          |                     |                       |                                  |
| Sediment level in chamber (pump yearly or when 50% full) |                     |                       |                                  |
| <b>5. Sand media</b>                                     |                     |                       |                                  |
| Condition of media (skim annually, replace as necessary) |                     |                       |                                  |
| <b>6. Outlet / Inlet</b>                                 |                     |                       |                                  |
| Condition of outlet                                      |                     |                       |                                  |
| Condition of inlets and grates                           |                     |                       |                                  |
| <b>7. Mechanical devices</b>                             |                     |                       |                                  |
| Inspection of all valves, etc.                           |                     |                       |                                  |

|  |  |  |  |
|--|--|--|--|
| <b>8. Dewatering</b>                               |  |  |  |
| Evidence of filter clogging                        |  |  |  |
| <b>9. Structural Integrity</b>                     |  |  |  |
| Evidence of structural damage (leaks, cracks, etc) |  |  |  |
| <b>10. Overall functionality</b>                   |  |  |  |
| Evidence of odors                                  |  |  |  |
| Evidence of bypass                                 |  |  |  |
| <b>11. 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

(PE Seal, if applicable)

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

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.