STORMWATER INSPECTION REPORT COVER SHEET

Town of Kernersville

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| Report Date: |  |  | Inspection Date: |  |

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| --- | --- | --- | --- |
| **Project Name** |  | | |
| **Owner/Contact Name** |  | | |
| **Owner/Contact Address** |  | | |
| **Project Location:** |  | | |
| **Inspector Name** |  | | |
| **Inspector Email** |  | | |
| **Inspector Phone** |  | | |
| **Water Supply**  **Watershed:** |  | **SCM Identification No.:** |  |
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| **Please use one SCM Inspection Form for each SCM inspected and submit all forms together with this Stormwater Inspection Report Cover Sheet as one single report. In addition, please document the number of each SCM found at this site in the blank spaces below.** |

Stormwater Control Measures:

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|  | Wet Detention Pond |  | Sand Filter |  | Infiltration Device |
|  | Bioretention Cell |  | Stormwater Wetland |  | Level Spreader - Filter Strip |
|  | Treatment Swale |  | Dry Pond |  | Permeable Pavement |

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| **Please perform the annual inspection after April 1 and submit the inspection report and form(s) before May 31.**  **If maintenance or repairs are indicated on the attached SCM Inspection Form(s), the work must be performed within thirty (30) days from the Inspection Date above, unless otherwise indicated in the comment section of the form(s) and approved by the Town of Kernersville Stormwater Division. Re-inspection and certification must occur prior to, or at the 30-day interval, to document satisfactory completion of all repairs and maintenance.** |

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| **Please submit the Stormwater Inspection Report Cover Sheet and Stormwater Inspection Form(s) to** [**tokstormwater@toknc.com**](mailto:tokstormwater@toknc.com)**.** |

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| **The next annual or follow-up inspection is scheduled for approximately:** |  |