

STORMWATER INSPECTION REPORT COVER SHEET
Town of Kernersville

Report Date: _____

Inspection Date: _____

Project Name _____

Owner/Contact Name _____

Owner/Contact Address _____

Project Location: _____

Inspector Name _____

Inspector Email _____

Inspector Phone _____

Water Supply
Watershed: _____ SCM Identification No.: _____

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:

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

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.

Please submit the Stormwater Inspection Report Cover Sheet and Stormwater Inspection Form(s) to tokstormwater@toknc.com.

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