

Periodic Inspection  
SCM Maintenance and Inspection Check List



***Proprietary Device – ADS BayFilter***

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

Project Name:  
Project Address:  
SCM Name and Location:  
Inspection Date:  
Date Last Inspected:

Owner's Name:  
Owner's Address:

| Maintenance Item                            | Satisfactory             | Unsatisfactory           | Comments/Actions Required |
|---|--------------------------|--------------------------|---------------------------|
| Clear of trash and debris                   | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| Adjacent pavement is clear of sediment      | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| BayFilter Cartridges performing as designed | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| <b>5. Outlet Device</b>                     |                          |                          |                           |
| Condition                                   | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| Erosion                                     | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| Erosion                                     | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| <b>7. Overall functionality</b>             |                          |                          |                           |
| Evidence of odors                           | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| Evidence of bypass                          | <input type="checkbox"/> | <input type="checkbox"/> |                           |
| <b>Rainfall Event Data</b>                  |                          |                          |                           |
| Date:                                       | Amount:                  | Date:                    | Amount:                   |
| Date:                                       | Amount:                  | Date:                    | Amount:                   |
| Date:                                       | Amount:                  | Date:                    | Amount:                   |
| <b>Miscellaneous:</b> _____                 |                          |                          |                           |

**Additional Comments:**

Inspector Name:  
Inspector Email Address:  
Inspector Phone Number:  
Inspector Address:

\_\_\_\_\_  
**Inspectors Signature**

\_\_\_\_\_  
**Date**

[Note: The NCDENR Stormwater SCM Manual states that all SCMs require inspection monthly and within 24 hours after every water quality storm (greater than 1.0 inch) to prevent any problems with flow or vegetative health before they become serious. All inspections should be recorded using this form. Please note that you are required to keep these records available and they are subject to be reviewed by local, state and federal agencies.