## Dry Pond Checklist for Annual SCM Report Town of Carrboro, North Carolina

Site Man	ne SCM ID#:	Date
Item-h	y-Item Code Key:	(Revised Sept. 14, 2021)
C C/M NC N/A	Compliant (No Repairs Needed) = Passes Inspection Compliant with minor maintenance (repairs and notif Not Compliant (Repairs and re-inspection within 60 of Not Applicable	· · · · · · · · · · · · · · · · · · ·

### **INFLOW POINTS**

Assessment	Code Status	Comments
Debris/sediment		
Erosion/undercutting		
Displacement/sedimentation of rip-rap		
Pipe condition		
Other (Describe)		

### **FOREBAY (AS APPLICABLE)**

Assessment	Code Status	Comments	
Sediment/debris accumulation			
Bare soil/erosion on side slopes			
Invasive vegetation			
Other (Describe)			

### MAIN TREATMENT AREA

Assessment	Code Status	Comments
Sediment/debris accumulation		
Bare soil/erosion on side slopes		
Invasive vegetation		
Side slopes maintained as		
mowed/covered		
Emergency spillway properly armored		
and free of woody vegetation		
Other (Describe)		

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EMBANKMENT			
Assessment	Code Status	Comments	
Bare soil, erosion, loss of dam			
material			
Shrubs/trees present (>3'tall)			
Animal burrows			
Grass cover is eroding/unhealthy			
Signs of seepage on downstream			
face			
Other (Describe)			

### **OUTLET DEVICE**

Assessment	Code Status	Comments
Obstructed pipe, trash rack, or		
draw-down orifice		
Erosion/undercutting		
Joint failure/loss of grout material,		
soil piping		
Overall structural condition		
Sediment in pipe		
Displacement of fabric/rip-rap		

<sup>\*</sup> Note: It is recommended that the pond drain be exercised twice a year to prevent freezing

### **MISCELLANEOUS**

Assessment	Code Status	Comments
Trash/debris		
Access		
Evidence of routine maintenance		
being performed?		
Other (Describe)		

#### **PHOTOGRAPHS**

Attach low-resolution, digital color photographs of the site and SCM features. Include captions describing the photographs.

<sup>\*</sup> Note: It is recommended that shrubs/trees if present on the embankment be removed if greater than 3' tall

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Site Name	SCM ID#:	Date	
ADDITIONAL COMMENTS			