



ANNUAL INSPECTION REPORT OF STORMWATER CONTROL MEASURE (SCM)

An Annual Inspection Report must be submitted to the Stormwater Administrator of the Town of Clayton. This form may be submitted by email to stormwater@townofclaytonnc.org. Failure to submit an Annual Inspection is a violation of the Stormwater Ordinance. **An Annual Maintenance Inspection and Report must be submitted for each individual SCM.**

SCM INFORMATION:

Project Name: _____ Project Number: _____

Address: _____

Book and Page # of Lot: _____

Type of SCM(s):

- | | |
|--|--|
| <input type="checkbox"/> Bioretention Cell | <input type="checkbox"/> Sand Filter |
| <input type="checkbox"/> Infiltration System | <input type="checkbox"/> Rainwater Harvesting |
| <input type="checkbox"/> Permeable Pavement | <input type="checkbox"/> Green Roof |
| <input type="checkbox"/> Wet Pond | <input type="checkbox"/> Treatment Swale |
| <input type="checkbox"/> Dry Pond | <input type="checkbox"/> Level Spreader-Filter Strip |
| <input type="checkbox"/> Stormwater Wetland | <input type="checkbox"/> Disconnected Impervious Surface |
| <input type="checkbox"/> Other: _____ | |

AS-BUILT Certification Date: _____

LAND OWNER INFORMATION:

Name: _____ Email: _____

Address: _____ Phone: _____

POINT OF CONTACT INFORMATION:

Same as land owner information.

Name: _____ Email: _____

Address: _____ Phone: _____

INSPECTION INFORMATION:

Inspection Company: _____ Inspection Date: _____

Inspector Name: _____ Email: _____

Address: _____ Phone: _____

INSPECTION RESULTS:

Inspection results (Check One): Pass Fail

Note: A summary of **required repairs** must be noted on the Annual Inspection Report and submitted to the Town following completion of a **failed** inspection. A **re-inspection and certification** must be completed within 60 days of the failed report date. It is recommended that the inspector be part of the repair process to ensure that repairs are being performed properly.

MAINTENANCE RECORDS:

Please include records (or other confirmatory proof) of routine SCM maintenance completed since the last annual inspection. Records should be attached to the email along with this completed report.

COMMENTS:

PROFESSIONAL CERTIFICATION:

To be completed only when the SCM is functional with no outstanding maintenance issues.

I, _____ (Name), as a duly registered _____ (Profession) in the State of North Carolina, attest that a thorough inspection has been completed for the listed SCM on _____ (Date). The inspected SCM is performing properly and is in compliance with the terms and conditions of the approved maintenance agreement required by the Town of Clayton Stormwater Management Ordinance at the time of development.

Signature: _____ Date: _____

Affix seal in box to the right.