



Stormwater Control Measures (SCM)
Operation & Maintenance Log
Treatment Swale

Project Information & SCM Identification	
Project Name:	
PIN Number:	
Property Owner:	
SCM Location:	

	Operation Inspection	Maintenance Inspection
Date:		
By:		
Type of Inspection: <i>Quarterly or Annual</i>		
Last Rainfall Date:		
Last Rainfall Amount:		
Today's Weather:		
Photo Attached & Name: <input type="checkbox"/>		<input type="checkbox"/>

SCM Element	Status	Maintenance Completed
Entire Length of Swale	Maintenance Required? <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> Description:	Maintenance Completed? <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> Description:
Receiving Water	Maintenance Required? <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> Description:	Maintenance Completed? <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> Description:

General Comments, Sketches & Field Measurements (attach if necessary): *Include Date & Initials*



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Annual Certification of SCM Operation & Maintenance

Note: this section is not required to be filled out for quarterly inspections

I, _____, a SCM Inspection and Maintenance certified professional in the
Print Name

State of North Carolina, certify that the _____ constructed as a part of
Type

_____, project located at
Name of Project

Size/lot/general description

has been maintained in substantial accordance with the approved plans and specifications, dated:

Date of Operation Inspection

This is certification is based on my field observation during the periodic & annual operation and maintenance inspections and other methods as follows (*if applicable*):

Signature: _____

Certification Number: _____
(NCSU BAE SCM Inspection Certification #)