



## Stormwater Control Measures (SCM) Operation & Maintenance Log Dry Pond

<b>Project Information &amp; SCM Identification</b>	
Project Name:	
PIN Number:	
Property Owner:	
SCM Location:	

	<b>Operation Inspection</b>	<b>Maintenance Inspection</b>
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"/>

<b>SCM Element</b>	<b>Status</b>	<b>Maintenance Completed</b>
Entire SCM	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:
Perimeter of the SCM	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:
Inlet Device: <i>pipe or swale</i>	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:
Forebay	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:
Main Treatment Area	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:



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<b>Embankment</b>	<b>Maintenance Required?</b> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <b>Description:</b>	<b>Maintenance Completed?</b> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <b>Description:</b>
<b>Outlet Device</b>	<b>Maintenance Required?</b> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <b>Description:</b>	<b>Maintenance Completed?</b> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <b>Description:</b>
<b>Receiving Water</b>	<b>Maintenance Required?</b> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <b>Description:</b>	<b>Maintenance Completed?</b> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <b>Description:</b>
<b>General Comments, Sketches &amp; Field Measurements (attach if necessary): <i>Include Date &amp; Initials</i></b>		



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**Annual Certification of SCM Operation & Maintenance**

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

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Signature: \_\_\_\_\_

Certification Number: \_\_\_\_\_  
*(NCSU BAE SCM Inspection Certification #)*