

Stormwater Control Measures (SCM) Operation & Maintenance Log Wet Detention Basin

Project Information & SCM Identification				
Project Name:				
PIN Number:				
Property Owner:				
SCM Location:				
	Operation Inspection	Maintenance Inspection		
Date:				
By:				
Type of Inspection:				
Quarterly or Annual				
Last Rainfall Date:				
Last Rainfall Amount:				
Today's Weather:				
Photo Attached & Name:				
SCM Element	Status	Maintenance Completed		
Entire SCM	Maintenance Required?	Maintenance Completed?		
	<u></u> Yes	☐ Yes		
	□ No	□ No		
	Description:	Description:		
Drainage Area &	Maintenance Required?	Maintenance Completed?		
Perimeter of the SCM	Yes	Yes		
	$\bigcap No$	\bigcap_{No}		
	Description:	Description:		
Inlet Device: pipe or swale	Maintenance Required?	Maintenance Completed?		
	☐ Yes	☐ Yes		
	\square No	\square No		
	Description:	Description:		
Forebay	Maintenance Required?	Maintenance Completed?		
Totobay	Yes	Yes		
	$\bigcap_{No} No$	No No		
	Description:	Description:		
	Becompain.	Becompain.		
Vegetated Shelf	Maintenance Required?	Maintenance Completed?		
3	Yes	Yes		
	$\bigcap No$	$\bigcap No$		
	Description:	Description:		



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Main Treatment Area	Maintenance Required? \[\sum Yes \\ \sum No \\ \text{Description:} \]	Maintenance Completed?	
Embankment	Maintenance Required? \[\sum Yes \\ \sum No \\ \text{Description:} \]	Maintenance Completed? ☐ <i>Yes</i> ☐ <i>No</i> Description:	
Outlet Device	Maintenance Required? ☐ Yes ☐ No Description:	Maintenance Completed? ☐ Yes ☐ No Description:	
Floating Wetland Island (if applicable)	Maintenance Required? \[\sum Yes \ N/A \] \[\sum No \] Description:	Maintenance Completed? ☐ Yes ☐ N/A ☐ No Description:	
Receiving Water	Maintenance Required? ☐ Yes ☐ No Description:	Maintenance Completed? ☐ Yes ☐ No 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

l,	, a SCM Inspecti	on and Maintenance certified professional in the
State of North Carolina, certify that t	the	constructed as a part of
Name of Project		, project located at
Size/lot/general description has been maintained in substantial	accordance with	the approved plans and specifications, dated:
Date of Operation I	•	
maintenance inspections and other		during the periodic & annual operation and ws (<i>if applicable</i>):
Signature:		Certification Number: