

ADDENDUM _____
 GRASSED SWALE
 STORMWATER CONTROL MEASURES
 MINIMUM MAINTANENCE AGREEMENT

Project Name: _____

I will keep a quartly maintenance record on this SCM. This maintenance record will be kept in a log in a known set location, and will be available to the Town of Spring Lake Stormwater Administrator upon request. Any deficient SCM elements noted in the inspection will be corrected, repaired or replaced immediately. These deficiencies can affect the integrity of structures, safety of the public, and the removal efficiency of the SCM.

Important operation and maintenance procedures:

- The drainage area of the grassed swale will be carefully managed to reduce the sediment load to the grassed swale.
- After the first-time fertilization to establish the grass in the swale, fertilizer will not be applied to the grassed swale.

Inspection activities shall be performed as follows. Any problems that are found shall be repaired immediate

SCM element:	Potential problem:	How I will remediate the problem:
The entire length of the swale	Trash/debris is present.	Remove the trash/debris.
	Areas of bare soil and/or erosive gullies have formed.	Regrade the soil if necessary to remove the gully, and then re-sod (or plant with other appropriate species) and water until established. Provide lime and a one-time fertilizer application.
	Sediment covers the grass at the bottom of the swale.	Remove sediment and dispose in an area that will not impact streams or BMPs. Re-sod if necessary.
	Vegetation is too short or too long.	Maintain vegetation at a height of approximately six inches.
The receiving water	Erosion or other signs of damage have occurred at the outlet.	Contact the NC Division of Water Quality Raleigh Regional Office, or the 401 Oversight Unit at 919-807-6300.

I, _____, hereby acknowledge that I am the financially responsible party for maintenance of this stormwater SCM. I will perform the maintenance as outlined above, in compliance with the requirements of the Town of Spring Lake's Phase II Stormwater Ordinance.

Signature: _____ Date: _____

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public of _____ County, in the State of North Carolina, do hereby certify that _____ personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and seal, this ____ day of _____, 20____.

(SEAL)

Notary Public

My Commission Expires: _____