Town of Spring Lake
Stormwater Control Measure
Reinspection Report

Project Information		
Project Name:		Date:
Project Address:		
City	State:	Zip:

Property Owner Information		
Owners Name:		
Owners Address:		
City:	State:	Zip:

SCM Resinpection Information

Additional pages are necessary to complete this stormwater BMP annual inspection report. The following items are to be included for each SCM:

- ❒ Narrative of general site condition at initial inspection and date of failed inspection _____
- ❒ SCM Type (Wet Pond, Bioretention, Wetland, etc)
- ❒ Disclosure of completed repairs, estimated date of completion for seasonally delayed repairs
- ❒ Photograph of current conditions of each SCM reinspected

Original wet signature inspection reports must be mailed to:
Town of Spring Lake
Stormwater Division
300 Ruth Street Spring Lake, NC 28390

Additional digital copies may be emailed to
stormwater@townofspringlake.com

Surveyor, Engineer, or landscape Architect Certification

I, _____ as duly registered _____ in the State of North Carolina attest that on _____, 20___ a thorough inspection of all required stormwater control facilities including open space areas associated with this site are performing properly and are in compliance with the approved stormwater control plan, the applicable maintenance manual required by Sec 40-682 of the Town of Spring Lake code of ordinances. No sampling of pollutant loading is required as part of the inspection. All information provided is correct to the best of my knowledge.

Certifier's Name:			Place Seal Here
License Number:			
Title:			
Company:			
Address:			
City:	State:	Zip:	
Telephone:			
Signature:			Date: