



**Town of Spring Lake
Stormwater Control Measure
Annual Inspection**

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

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

SCM Information	
<p>Additional pages are necessary to complete this stormwater SCM annual inspection report. The following items are to be included for each SCM:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Narrative of general site condition <input type="checkbox"/> SCM Type (Wet Pond, Bioretention, Wetland, etc) and site specific checklist for each IAW NCDEQ Stormwater Design Manual <input type="checkbox"/> Disclosure of required repairs and due date of repairs <input type="checkbox"/> Photograph of SCM inspected 	
<p>Original Wet signature inspection reports must be mailed to: Town of Spring Lake Stormwater Division 300 Ruth Street Spring Lake, NC 28390</p>	<p>Additional digital copies may be emailed to stormwater@townofspringlake.com</p>

Surveyor, Engineer, or landscape Architect Certification				
<p>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.</p>				
Certifier's Name:	Place Seal Here			
License Number:				
Title:				
Company:				
Address:				
City:			State:	Zip:
Telephone:				
Signature:	Date:			