



ENGINEERING AND ENVIRONMENTAL SERVICES

Stormwater Division

201 E. Main St, 5th Floor, Durham, NC 27701
 Telephone (919) 560-0739 Fax (919) 560-0740

SCM ANNUAL INSPECTION SUBMITTAL FORM

I. PROJECT INFORMATION

Project Address: _____
 PIN: _____ Project Number: SW-_____
 Legal Name of Owner: _____
 Owner Contact: _____ Phone: _____
 Owner Address: _____
 Inspection Contact Person: _____ Phone: _____
 Inspection Contact Email: _____
 Submittal Date (Must be prior to November 1st): _____

II. SUBMITTAL REQUIREMENTS

Annual Inspection Submittal Requirements	
<input type="checkbox"/>	Narrative of general Stormwater Control Measure(s) (SCM) and site conditions
	SCM Type(s) (select all that apply):
<input type="checkbox"/>	Wet Pond
<input type="checkbox"/>	Dry Pond
<input type="checkbox"/>	Bioretention
<input type="checkbox"/>	Constructed Wetland
<input type="checkbox"/>	Sand Filter
<input type="checkbox"/>	Underground Detention
<input type="checkbox"/>	Infiltration
<input type="checkbox"/>	Vegetated Filter Strip
<input type="checkbox"/>	Water Quality Swale
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Disclosure of maintenance or repairs to the SCM since previous annual inspection
<input type="checkbox"/>	Color photographs of SCM(s), including outlet structure

III. SURVEYOR, ENGINEER, OR LANDSCAPE ARCHITECT CERTIFICATION

I, _____ as a duly registered _____ in the State of North Carolina attest that on _____, 20____ all required stormwater control facilities are performing properly and are in compliance with the approved stormwater plan. All information provided is correct to the best of my knowledge.



Professional Name: _____
 Professional Contact Email: _____
 Professional Contact Phone Number: _____