



# ENGINEERING AND ENVIRONMENTAL SERVICES

## Stormwater Division

120 East Parrish Street, 1<sup>st</sup> 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 1<sup>st</sup>): \_\_\_\_\_

#### 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: \_\_\_\_\_