
APPENDIX F

***STORMWATER MANAGEMENT
ANNUAL BMP CERTIFICATION***



TOWN OF CLAYTON STORMWATER MANAGEMENT ANNUAL BMP CERTIFICATION

This certification is to be submitted to the Town of Clayton Stormwater Administrator prior to August 15th each year. Attach additional sheets as necessary.

SECTION 1: PROJECT INFORMATION

Project Name: _____ Year: _____
 Site Address: _____ PIN No: _____

SECTION 2: INSPECTION INFORMATION

Date of Inspection: _____
 Time: _____ AM PM
 Inspector: _____
 Reason for Inspection: Standard Inspection
 BMP Failure
 Most Recent Rain Event Date: _____
 Most Recent Rain Event Amount: _____ in.

Weather:	Bright Sun	Clear	Overcast	Rain	Snow
Temperature:	< 32°	32°-50°	50°-70°	70°-85°	> 85°
Wind:	Still	Moderate	High		
Humidity	Dry	Moderate	Humid		

Description of the condition of each BMP (i.e., vegetation sparse, spillway blocked, etc). Note signs of vandalism, repair needs, cracked concrete, seepage, ponded water, dead vegetation, algal growth and debris in BMP.
(Attach additional sheets as necessary)

Description of general maintenance performed on BMP(s) during reporting year:

Description of any major failures of BMP(s) during reporting year: (i.e., blowout, major washout, undercutting, etc.)

Description of any repairs that need to be made:

SECTION 3: Attachments

Attached Not Applicable

If major maintenance or modification (i.e. blowout repair, sediment removal, pipe replacement, etc.) was performed on site BMP(s), attach Plan and Profile views of BMP(s) on 8 ½ x 11 inch paper at a reasonable scale. These plans should clearly show all areas of the BMP(s) that were modified or repaired and any new elevations or contours created.

Attached Not Applicable

Provide at least two (2) photographs of each BMP, showing the inflow and outflow area.

Attached Not Applicable

If the recorded maintenance plan was found to be inadequate, provide a revised definition and description of the maintenance activities and schedule that are required for the continued successful operation of the BMP(s). These revised documents must be recorded with a reference to the book and page of the originally recorded document, and provided to the Town of Clayton Stormwater Administrator.

SECTION 4: CERTIFICATION

To be certified by the Registered Professional preparing this document:

I, _____, a registered _____ in the State of North Carolina, hereby certify that the foregoing BMP was inspected under my responsible charge and that the above descriptions and depictions are accurate and representative of the condition of the BMP(s) on the date noted above. I further certify that all defects and variances from the approved design are noted above, to the extent which would be reasonably expected to be found by a professional knowledgeable in the design and operation of this (these) BMP(s).

Signature: _____

Address: _____

Phone: _____

Email: _____

(Seal and Date)

SECTION 5: LANDOWNER SIGNATURE

To be signed by landowner of record:

I, _____, being fully responsible for the BMP(s) described herein, have read and understand the findings of this inspection. If deficiencies were found as a result of this inspection, I understand that I must contact the Town of Clayton Stormwater Administrator immediately to discuss resolution.

Owner: _____

Date: _____

Address: _____

Email: _____

Phone: _____