



TOWN of WAKE FOREST

SCM ANNUAL INSPECTION REPORT

This completed certification and accompanying materials are to be submitted to the Town Engineer each year by the anniversary of the initial as-built certification date, as described in the Manual of Specification, Standards and Design, Section 2.9.3, are required for each stormwater control device.

Project Information:

Project Name: _____

Property Address: _____

Property Owner: _____

Property Owner Address: _____

Property Owner Email: _____ Telephone: _____

Wake County PIN: _____ Date of Inspection: _____

Recorded Book and Page Number for each required stormwater control facility: _____ Book/ Page: _____

SCM Description and Quantity (*designate all that apply*)

_____ Dry Detention Basin	_____ Sand Filter	_____ Grassed Swale	_____ Cistern
_____ Wet Detention Basin	_____ Level Spreader	_____ Permeable Pavement	_____ Underground Storage/Detention
_____ Stormwater Wetland	_____ Bioretention Area	_____ Proprietary Devices/ Other: _____	_____

Information for All SCMs:

Additional pages are required to complete this SCM Annual Inspection Report. A narrative for each SCM is to be provided that details the current condition. Photographs are to be included to document sufficiently the current condition of all structures and features.

Engineer, Surveyor or Landscape Architect Certification:

As a duly registered professional in the State of North Carolina, I hereby attest that all required stormwater control facilities for the above referenced project were thoroughly inspected under my responsible charge, were found to be performing properly and were in compliance with the approved stormwater management plan, applicable operation and maintenance agreements, and the Town of Wake Forest and NCDEQ standards and regulations.

Certifier's Name: _____ License Number: _____

Title: _____ Company Name: _____

Address: _____ City/ State/ Zip: _____

Telephone: _____ Email: _____

Seal/ Signature/ Date