



Stormwater Control Measures (SCM) Operation & Maintenance Log Permeable Pavement

Project Information & SCM Identification

| | |
|-----------------|--|
| Project Name: | |
| PIN Number: | |
| Property Owner: | |
| SCM Location: | |

| | Operation Inspection | Maintenance Inspection |
|----------------------------|--------------------------|--------------------------|
| Date: | | |
| By: | | |
| Type of Inspection: | | |
| <i>Quarterly or Annual</i> | | |
| Last Rainfall Date: | | |
| Last Rainfall Amount: | | |
| Today's Weather: | | |
| Photo Attached & Name: | <input type="checkbox"/> | <input type="checkbox"/> |

| SCM Element | Status | Maintenance Completed |
|-------------------------------------|--|---|
| Perimeter of the permeable pavement | Maintenance Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Description: | Maintenance Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Description: |
| Surface of the permeable pavement | Maintenance Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Description: | Maintenance Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Description: |
| Observation Well | Maintenance Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Description: | Maintenance Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Description: |
| Educational sign | Maintenance Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Description: | Maintenance Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Description: |



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| | | |
|---|--|---|
| Receiving water | Maintenance Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Description: | Maintenance Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Description: |
| General Comments, Sketches & Field Measurements (attach if necessary): <i>Include Date & Initials</i> | | |



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Annual Certification of SCM Operation & Maintenance

Note: this section is not required to be filled out for quarterly inspections

I, _____, a SCM Inspection and Maintenance certified professional in the
Print Name

State of North Carolina, certify that the _____ constructed as a part of
Type

_____, project located at
Name of Project

Size/lot/general description

has been maintained in substantial accordance with the approved plans and specifications, dated:

Date of Operation Inspection

This certification is based on my field observation during the periodic & annual operation and maintenance inspections and other methods as follows (if applicable):

Signature: _____

Certification Number: _____
(NCSU BAE SCM Inspection Certification #)