



Stormwater Control Measures (SCM)  
Operation & Maintenance Log  
**Manufactured Products**

**Project Information & SCM Identification**

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

	<b>Operation Inspection</b>	<b>Maintenance Inspection</b>
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"/>

<b>SCM Element</b>	<b>Status</b>	<b>Maintenance Completed</b>
<i>Fill in applicable elements</i>	Maintenance Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Description:	Maintenance Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Description:
<i>Fill in applicable elements</i>	Maintenance Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Description:	Maintenance Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Description:
<i>Fill in applicable elements</i>	Maintenance Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Description:	Maintenance Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Description:
<i>Fill in applicable elements</i>	Maintenance Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Description:	Maintenance Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Description:
<i>Fill in applicable elements</i>	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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General Comments, Sketches & Field Measurements (attach if necessary): *Include Date & Initials*

**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):

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Signature: \_\_\_\_\_

Certification Number: \_\_\_\_\_  
*(NCSU BAE SCM Inspection Certification #)*