



Stormwater Control Measures (SCM)
Operation & Maintenance Log
Level Spreader – Filter Strip

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
Entire Level Spreader – Filter Strip	Maintenance Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Description:	Maintenance Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Description:
Flow splitter device (if applicable)	Maintenance Required? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No Description:	Maintenance Required? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No Description:
Blind swale	Maintenance Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Description:	Maintenance Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Description:
Level Spreader	Maintenance Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Description:	Maintenance Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Description:
Bypass channel	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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Filter Strip	Maintenance Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Description:	Maintenance Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Description:
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 #)