



**Town of Spring Lake  
Stormwater BMP  
Annual Inspection**

| <b>Project Information</b> |        |      |
|----------------------------|--------|------|
| Project Name:              | Date:  |      |
| Project Address:           |        |      |
| City                       | State: | Zip: |

| <b>Property Owner Information</b> |        |      |
|-----------------------------------|--------|------|
| Owners Name:                      |        |      |
| Owners Address:                   |        |      |
| City:                             | State: | Zip: |

| <b>BMP Information</b>   |
|--|
| <p>Additional pages are necessary to complete this stormwater BMP annual inspection report. The following items are to be included for each BMP:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Narrative of general site condition</li> <li><input type="checkbox"/> BMP Type (Wet Pond, Bioretention, Wetland, etc)</li> <li><input type="checkbox"/> Disclosure of completed repairs</li> <li><input type="checkbox"/> Site specific inspection chart/checklist for each BMP</li> <li><input type="checkbox"/> Photograph of BMP inspected</li> </ul> <p>Original inspection reports should be mailed to:</p> <p style="text-align: center;">Town of Spring Lake<br/>Stormwater Division<br/>300 Ruth Street<br/>Spring Lake, NC 28390</p> |

| <b>Surveyor, Engineer, or landscape Architect Certification</b>   |                 |  |        |      |
|---|-----------------|--|--------|------|
| <p>I, _____ as duly registered _____ in the State of North Carolina attest that on _____, 20__ a thorough inspection of all required stormwater control facilities including open space areas associated with this site are performing properly and are in compliance with the approved stormwater control plan, the applicable maintenance manual required by Sec 40-682 of the Town of Spring Lake code of ordinances. No sampling of pollutant loading is required as part of the inspection. All information provided is correct to the best of my knowledge.</p> |                 |  |        |      |
| Certifier's Name:   | Place Seal Here |  |        |      |
| License Number:   |                 |  |        |      |
| Title:  |                 |  |        |      |
| Company:  |                 |  |        |      |
| Address:  |                 |  |        |      |
| City:   |                 |  | State: | Zip: |
| Telephone:  |                 |  |        |      |
| Signature:  | Date:           |  |        |      |