

ADDENDUM _____
 ROOFTOP RUNOFF MANAGEMENT
 STORMWATER BEST MANAGEMENT PRACTICE
 MINIMUM MAINTENANCE MEASURES

Project Name: _____

I will keep a maintenance record on this BMP. This maintenance record will be kept in a log in a known set location. Any deficient BMP elements noted in the inspection will be corrected, repaired or replaced immediately. These deficiencies can affect the integrity of structures, safety of the public, and the removal efficiency of the BMP.

Important operation and maintenance procedures:

- The plants will be watered during extended periods of dry weather.
- Fertilize only once per year as long as the rooftop runoff system is not intended for nutrient removal.

The rooftop runoff management system will be inspected **once a quarter and within 24 hours after every storm event greater than 1.0 inches**. Records of operation and maintenance will be kept in a known set location and will be available upon request.

Inspection activities shall be performed as follows. Any problems that are found shall be repaired immediately.

BMP element:	Potential problem:	How to remediate the problem:
The plants materials	Weeds are present.	Remove the weeds by hand.
	Vegetation is dead or diseased.	Try to determine the cause of the problem (may wish to consult an expert). Correct the problem and replace the plants.
The flow diversion structure	The structure is clogged.	Unclog the conveyance and dispose of any sediment off-site.
	The structure is damaged.	Make any necessary repairs or replace if damage is too large for repair.
Gutters, drains and spouts	Clogging has occurred.	Remove leaves, debris, and other foreign matter and dispose of in a manner that will not impact streams or the BMP.
	Damage has occurred.	Repair or replace the damaged conveyances.

I, _____, hereby acknowledge that I am the financially responsible party for maintenance of this stormwater BMP. I will perform the maintenance as outlined above, in compliance with the requirements of the Town of Spring Lake's Phase II Stormwater Ordinance.

Signature: _____ Date: _____

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public of _____ County, in the State of North Carolina, do hereby certify that _____ personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and seal, this _____ day of _____, 20_____.

(SEAL)

Notary Public

My Commission Expires: _____