
Form D. As-Built Certification for Stormwater Control Measure(s)

The Engineer should verify with the Stormwater Program Manager that the project is cleared for acceptance of as-built submittals before completing this form and sending attachments.

Section 1: Project

Project Name: _____
SCM Type(s): _____

Section 2: Applicant

Applicant name: _____
Title: _____
Organization: _____
Address (street, state, zip): _____
Telephone number: _____
Email: _____
Applicant's status: _____

Section 3: Property Owner

Owner Name: _____
Organization: _____
Address (street, state, zip): _____
Telephone number: _____
Email: _____

Section 4: Designer (if different from Applicant)

Designer Name: _____
Organization: _____
Address (street, state, zip): _____
Telephone number: _____
Email: _____

Section 5: Submittal Checklist

Digital copies of the following items must be submitted to the Stormwater Program Manager: rmoores@statesvillenc.net. Check all boxes below and confirm all required items are included in this submittal.

Final grading and location of all BUA on the site as well as the total area of BUA installed.

The final design specifications for all SCM(s) and stormwater drainage system components (include field location, size, depth, and planted vegetation as installed).

Updated calculations based on the installed topography, BUA, SCM(s), and stormwater drainage system.

A signed and sealed certification from the designer that the SCM(s) and stormwater drainage system are in compliance with the approved stormwater management plans and designs and meet the requirements of the City's stormwater ordinance.

Photographs accurately depicting each SCM; within 7 days of seal date.

The statement and certification in Section 6 are included on each SCM drawing sheet.

Section 6: Engineer Certification of Completion

As a duly registered Professional Engineer in the State of North Carolina, I attest that I conducted a thorough inspection of all stormwater control facilities shown on this plan sheet and that each is performing properly and is in compliance with the approved stormwater management plan. All information provided is correct to the best of my knowledge.

Certifier's Name	License Number	Place seal here
Title	Company Name	
Email	Telephone	
Signature	Date	