City of Charlotte
Land Development Division
Wet Pond BMP Maintenance Responsibility Form

Prior to final conformance signoff and acceptance of the Wet Pond this form must be filled out and submitted to the City of Charlotte Engineering Department. This form shall be notarized and be attached with the Wet Pond Worksheet sent in during plan approval. A copy of this form, its attachments, along with any design plans for the Wet Pond shall be kept by the owner and responsible party. If contact information for the financial responsibility party changes or a new party assumes responsibility for the Wet Pond a new Maintenance Responsibility Form to replace it would need to be submitted.

Please Type or Print

PART A - Information
1. Project name (Phase, etc.): ________________________________

2. BMP ID number: ________________________________________

3. Description of Wet Pond location: ____________________________

4. Regional BMP (indicate Book and Page where map showing BMP can be found): Book____ Page ______

5. Landowner of Record (Use blank page to list additional owners):
   Name: ________________________________
   Address: ______________________________________
   _____________________________________________________________________________
   Telephone: ___________________ Fax: ____________________
   (Area Code) (Area Code)
   Email Address: ___________________________________________________________

6. Person(s) or firm(s) financially responsible for this BMP:
   Name: ________________________________
   Address: ______________________________________
   _____________________________________________________________________________
   Telephone: ___________________ Fax: ____________________
   (Area Code) (Area Code)
   Email Address: ___________________________________________________________
PART B - Oath
The above information is true and correct to the best of my knowledge and belief and was provided by me while under oath. I agree to perform maintenance on the pond according to the plans maintenance schedule requirements. Specifically I agree to:

1.) After every significant runoff producing rainfall event and at least monthly:
   a) Inspect the wet detention basin system for sediment accumulation, erosion, trash accumulation, vegetated cover, and general condition.
   b) Check and clear the orifice of any obstructions such that the drawdown of the temporary pool occurs within 2 to 5 days as designed.

2.) Repair eroded areas immediately. Re-seed the embankment as necessary to maintain good vegetative cover. Mow vegetative cover on embankment to maintain a maximum height of six inches, remove trash as needed.

3.) Inspect and repair the collection system (i.e. catch basins, piping, swales, riprap, etc.) quarterly to maintain proper functioning.

4.) Remove woody vegetation not part of the approved plan along the dam embankment.

5.) Remove invasive and dead vegetation in the littoral shelf and replant as necessary.

6.) Remove accumulated sediment from the wet detention basin system semi-annually or when the depth is reduced to 75% of the original design depth (see diagram on attached Wet Pond Worksheet). Removed sediment shall be disposed of in an appropriate manner and shall be handled in a manner that will not adversely impact water quality (i.e. stockpiling near a wet detention basin or stream, etc.).

7.) Perform annual inspection of the pond (annual inspection reports to be kept by the owner). Prior to inspection notification must be given to Storm Water Services.

(This form must be signed by the financially responsible person if an individual, or by an officer, director, partner, attorney-in-fact, or other person with authority to execute instruments for the financially responsible company or entity, if not an individual.)

Printed Name        Title
__________________________________________  ________________________________
Signature                                                      Date

PART C - Notary
I, _______________________________________, a Notary Public of the County of ______________________, State of ______________________, hereby certify that ______________________________________ personally appeared before me this day and under oath acknowledge that this form was executed by him/her.

Witness my hand and notarial seal, this ___________ day of ______________________, 20____________

Notary Signature: ______________________________________

My Commission expires: ______________________________________