Permit Number:
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## City of Kannapolis Grassed Swale Operation and Maintenance Agreement

I will keep a maintenance record on this SCM. This maintenance record will be kept in a log in a known set location. Any deficient SCM 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 SCM.

Important maintenance procedures:

- The drainage area of the grassed swale will be carefully managed to reduce the sediment load to the grassed swale.
- After the first-time fertilization to establish the grass in the swale, fertilizer will not be applied to the grassed swale.

The grassed swale will be inspected **once a quarter**. 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.

SCM element:	Potential problem:	How I will remediate the problem:
The entire length of the	Trash/debris is present.	Remove the trash/debris.
swale	_	
	Areas of bare soil and/or	Regrade the soil if necessary to
	erosive gullies have formed.	remove the gully, and then re-sod
		(or plant with other appropriate
		species) and water until established.
		Provide lime and a one-time
		fertilizer application.
	Sediment covers the grass at	Remove sediment and dispose in an
	the bottom of the swale.	area that will not impact streams or
		SCMs. Re-sod if necessary.
	Vegetation is too short or too	Maintain vegetation at a height of
	long.	approximately six inches.
The receiving water	Erosion or other signs of	Contact the City of Kannapolis
	damage have occurred at the	Engineering Department at
	outlet.	704-920-4200.

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I acknowledge and agree by my signature below that I am responsible for the performance of the maintenance procedures listed above. I agree to notify the City of Kannapolis Engineering Department of any problems with the system or prior to any changes to the system or responsible party.

Project name:		
Print name:		
Date:		
		nomeowners association unless more than 50% of abdivision has been named the president.
Ι,		, a Notary Public for the State of
	, County of	, do hereby certify that
		personally appeared before me this
day of	,, and ac	knowledge the due execution of the
forgoing grassed swale	e maintenance requirem	ents. Witness my hand and official seal,
SEAL		
My commission expire	es	