

**APPENDIX 2**

**Annual Stormwater Management Facilities Certification**  
*(to be completed by a Qualified Post-Construction Stormwater  
Inspector and sent to Town Engineer)*

I, \_\_\_\_\_ (print or type name), a Qualified Post-Construction Stormwater Inspector, certify the following:

1. I am making this Annual Stormwater Management Facilities Certification for the following property: \_\_\_\_\_ (print or type name of subdivision, condominium or other development) located at \_\_\_\_\_ (print or type address), (the "Property");

2. The owner, operator, tenant, lessee or homeowners' association of the Property is: \_\_\_\_\_ (name(s) of owner, operator, tenant, lessee, homeowners' association or other party having control over the Property);

3. I have knowledge of erosion and stormwater control and have reviewed the approved Post-Construction Stormwater Management Plan for the Property;

4. On \_\_\_\_\_, 20\_\_, I inspected the Stormwater Management Facilities, including but not limited to parking areas, catch basins, drainage swales, detention basins and ponds, pipes and related structures required by the approved Post-Construction Stormwater Management Plan for the Property;

5. At the time of my inspection of the Stormwater Management Facilities on the Property, I identified the following need(s) for routine maintenance or deficiencies in the Stormwater Management Facilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. On \_\_\_\_\_, 20\_\_, I took the following routine maintenance or the following corrective action(s) to address the deficiencies in the Stormwater Management Facilities stated in 5. above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. As of the date of this certification, the Stormwater Management Facilities are functioning as intended by the approved Post-Construction Stormwater Management Plan for the Property.

Date: \_\_\_\_\_, 20\_\_.

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

8. The owner, operator, tenant, lessee, or other party having control over the Property shall sign below verifying the information above was completed by a Qualified Post-Construction Stormwater Inspector.

Date: \_\_\_\_\_, 20\_\_.

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**Mail or hand deliver this certification to the Municipal Town Engineer at the following address:**

Town of Scarborough  
c/o Town Engineer  
P.O. Box 360  
Scarborough, ME 04070