

**GRASSED SWALE OPERATION AND MAINTENANCE  
AGREEMENT**

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

SCM as Identified on Approved Plans: \_\_\_\_\_

PIN Number: \_\_\_\_\_

Mail after recording to: City of Burlington  
Water Resources  
P.O. Box 1358  
Burlington, NC 27216

NORTH CAROLINA

ALAMANCE COUNTY

This STORMWATER OPERATION AND MAINTENANCE AGREEMENT,

made this day \_\_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_\_ by

\_\_\_\_\_ whose principal address is

\_\_\_\_\_ with, to, and for the

benefit of the City of Burlington, a municipal corporation of the State of North Carolina, whose address is P.O. Box 1358, Burlington, North Carolina 27216.

## Grassed Swale Operation and Maintenance Agreement

I will keep a maintenance record on this Stormwater Control Measure (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. **Annually, by May 31, an inspection shall be completed by a qualified professional and submitted to the City of Burlington.**

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:
<b>The entire length of the swale</b>	Trash/debris is present.	Remove the trash/debris.
	Areas of bare soil and/or erosive gullies have formed.	Regrade the soil if necessary to 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 the bottom of the swale.	Remove sediment and dispose in an area that will not impact streams or SCMs. Re-sod if necessary.
	Vegetation is too short or too long.	Maintain vegetation at a height of approximately six inches.
<b>The receiving water</b>	Erosion or other signs of damage have occurred at the outlet.	Contact the City of Burlington Water Resources Stormwater Division at 336-222-5140.

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 Burlington of any problems with the system or prior to any changes to the system or responsible party.

This Agreement shall be binding upon the undersigned and its successors and assigns and all current and future owners thereof, and their respective heirs, successors and assigns, in perpetuity, and shall be appurtenant to, run with, and burden the parcels of land referred to herein.

*Project name:* \_\_\_\_\_

*SCM as Identified on Approved Plans:* \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

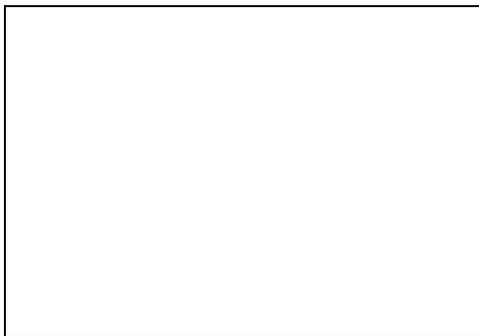
Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Date: \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for the State of \_\_\_\_\_, County of \_\_\_\_\_, do hereby certify that \_\_\_\_\_ personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and acknowledge the due execution of the forgoing grassed swale maintenance requirements. Witness my hand and official seal,



SEAL

My commission expires \_\_\_\_\_