

ADDENDUM _____
BIORETENTION _____
STORMWATER BEST MANAGEMENT PRACTICE
MINIMUM MAINTENANCE MEASURES

- I. **Monthly** or after every 1-inch rainfall, whichever comes first:
- a. Inspect the bioretention area for proper drawdown or evidence of clogging.
 - b. Remove trash and debris from bioretention area.
 - c. Clear trash and debris from catch basin grates, bottom of catch basin, and check outlet pipe for clogging.
 - d. Check the condition of the plants and replace as necessary. Remove weeds and unwanted vegetation. Check for soil erosion on perimeter slopes in bioretention or contributing areas and repair eroded areas before the next rainfall.
 - e. Check for evidence of sediment in the bioretention area and remove sediment.
 - f. Check the condition of the gravel verge and clean/replace as necessary.
 - g. Mow the perimeter slopes and surrounding area.
 - h. Check the condition of the inlet and outlet pipes, grassed swales, and dissipaters.

- II. **Annually**
- a. Prune plants according to best professional practices.
 - b. Perform soil testing every 2 years to determine P-index and pH.

- III. **General**
- a. All components of bioretention area to be kept in working order.
 - b. This property and bioretention area is also subject to the Operation and Maintenance Manual filed in relation to this project.
 - c. In case the ownership of the bioretention transfers, the current owner shall, within thirty (30) days of transfer of ownership, notify the City of Conover Planning Department of such ownership transfer.

I, _____, hereby acknowledge that I am the financially responsible party for maintenance of this stormwater BMP. I will perform the maintenance as outlined above, in compliance with the requirements of the City of Conover's Phase II Stormwater Ordinance.

Signature: _____ Date: _____

I, _____, a Notary Public for the State of _____, County of _____, do hereby certify that _____ personally appeared before me this _____ day of _____ 20____ and acknowledge due execution of the foregoing instrument.
Witness my hand and official seal,

Notary Public

(Seal)

My commission expires: _____