City of Kannapolis Bioretention 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 operation and maintenance procedures:

- Immediately after the bioretention cell is established, the plants will be watered twice weekly if needed until the plants become established (commonly six weeks).
- Snow, mulch or any other material will NEVER be piled on the surface of the bioretention cell.
- Heavy equipment will NEVER be driven over the bioretention cell.
- Special care will be taken to prevent sediment from entering the bioretention cell.
- Once a year, a soil test of the soil media will be conducted.

After the bioretention cell is established, I will inspect it **once a month and within 24 hours after every storm event greater than 1.0 inches**. 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 problems: | How I will remediate the problem: |
|--|---|---|
| The entire SCM | Trash/debris is present. | Remove the trash/debris. |
| The perimeter of the bioretention cell | Areas of bare soil and/or erosive gullies have formed. | Regrade the soil if necessary to remove the gully, and then plant a ground cover and water until it is established. Provide lime and a one-time fertilizer application. |
| The inlet device: pipe, stone verge or swale | The pipe is clogged (if applicable). The pipe is cracked or otherwise damaged (if applicable). | Unclog the pipe. Dispose of the sediment off-site. Replace the pipe. |
| | Erosion is occurring in the swale (if applicable). | Regrade the swale if necessary to smooth it over and provide erosion control devices such as reinforced turf matting or riprap to avoid future problems with erosion. |
| | Stone verge is clogged or covered in sediment (if applicable). | Remove sediment and clogged stone and replace with clean stone. |

| SCM element: | Potential problems: | How I will remediate the problem: |
|------------------------|--|---|
| The pretreatment area | Flow is bypassing | Regrade if necessary to route all |
| _ | pretreatment area and/or | flow to the pretreatment area. |
| | gullies have formed. | Restabilize the area after grading. |
| | Sediment has accumulated to | Search for the source of the |
| | a depth greater than three | sediment and remedy the problem if |
| | inches. | possible. Remove the sediment and |
| | | restabilize the pretreatment area. |
| | Erosion has occurred. | Provide additional erosion |
| | | protection such as reinforced turf |
| | | matting or riprap if needed to |
| | | prevent future erosion problems. |
| | Weeds are present. | Remove the weeds, preferably by |
| | | hand. |
| The bioretention cell: | Best professional practices | Prune according to best professional |
| vegetation | show that pruning is needed | practices. |
| | to maintain optimal plant | |
| | health. | D () (1 |
| | Plants are dead, diseased or | Determine the source of the |
| | dying. | problem: soils, hydrology, disease, |
| | | etc. Remedy the problem and replace plants. Provide a one-time |
| | | fertilizer application to establish the |
| | | ground cover if a soil test indicates |
| | | it is necessary. |
| | Tree stakes/wires are present | Remove tree stake/wires (which |
| | six months after planting. | can kill the tree if not removed). |
| The bioretention cell: | Mulch is breaking down or | Spot mulch if there are only random |
| soils and mulch | has floated away. | void areas. Replace whole mulch |
| | | layer if necessary. Remove the |
| | | remaining much and replace with |
| | | triple shredded hard wood mulch at |
| | | a maximum depth of three inches. |
| | Soils and/or mulch are | Determine the extent of the clogging |
| | clogged with sediment. | - remove and replace either just the |
| | | top layers or the entire media as |
| | | needed. Dispose of the spoil in an |
| | | appropriate off-site location. Use |
| | | triple shredded hard wood mulch at |
| | | a maximum depth of three inches. |
| | | Search for the source of the |
| | | sediment and remedy the problem if |
| | An annual soil test shows that | possible. |
| | | Dolomitic lime shall be applied as |
| | pH has dropped or heavy metals have accumulated in | recommended per the soil test and toxic soils shall be removed, |
| | the soil media. | disposed of properly and replaced |
| | the son media. | with new planting media. |
| | | with new planting media. |

| SCM element: | Potential problems: | How I will remediate the problem: |
|-----------------------|-----------------------------|--------------------------------------|
| The underdrain system | Clogging has occurred. | Wash out the underdrain system. |
| (if applicable) | | - |
| The drop inlet | Clogging has occurred. | Clean out the drop inlet. Dispose of |
| | | the sediment off-site. |
| | The drop inlet is damaged | Repair or replace the drop inlet. |
| The receiving water | Erosion or other signs of | Contact the City of Kannapolis |
| | damage have occurred at the | Engineering Department at 704- |
| | outlet. | 920-4200. |

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: | |
| Title: | |
| Address: | |
| Phone: | |
| Signature: | |
| Date: | |
| Note: The legally responsible party should not be a homeowners association us the lots have been sold and a resident of the subdivision has been named | |
| I,, a Notary Public fo | or the State of |
| , County of, do h | ereby certify that |
| personally appeared | d before me this |
| day of,, and acknowledge the due ex | xecution of the |
| forgoing bioretention maintenance requirements. Witness my hand | and official seal, |
| QE AI | |
| SEAL | |
| My commission expires | |