



CITY OF GREER ENGINEERING/STORMWATER DIVISION
106 South Main Street, Greer, S.C. 29650
Office: (864) 848-2184 Fax: (864) 848-5386

WATER QUALITY DEVICE
AS-BUILT CERTIFICATION FORM

Date: _____ Permit No. _____ Tax Map No. _____

Project Name: _____

Address: _____

Structure Reference Number on Plans _____

I. Type of Water Quality Device

Water Quality Pond, (dry) _____ Water Quality Pond, (wet) _____

Bio-filtration/Sand Filter _____ Manufactured Device _____

Other, (ex. vegetated buffer, swale, etc.) _____

II. Manufactured Water Quality Device

Quantity of Water Quality Devices, (identical only) _____

Water Quality Device Manufacturer and Model # _____

Manufacturer Address and Telephone Number _____

Pollutants Removed _____

Design Efficiency _____

Water Quality Orifice

Designed Outlet Device Type and Dimensions:

Type _____ Elevation _____

Dimensions _____

As-Built Outlet Device Dimensions:

Type _____ Elevation _____

Dimensions _____

III. Water Quality Ponds/Bio-filtration Units

First Flush, (ponds and bio-filtration units)

1 inch _____ 0.5 inches _____

Drainage Area _____

Water quality pond stores at least the first 1 or 0.5 inches, (whichever is applicable) over the entire site and releases it over a 24 hour period. YES _____ NO _____

Water Quality Orifice

Designed Outlet Device Type and Dimensions:

Type _____ Elevation _____

Dimensions _____

As-Built Outlet Device Dimensions:

Type _____ Elevation _____

Dimensions _____

IV. OTHER TYPES OF WATER QUALITY DEVICES, (Swale, Vegetated Buffer, etc.)

Type _____

Pollutants Removed _____

Drainage Area _____

Estimated Removal Efficiency and Reference _____

By placing my professional stamp and signature on this paper, I certify that this stormwater management facility, water quality device and its associated structures are constructed according to the approved design on file with the City of Greer and SC DHEC. I further certify that all the drainage areas designed to drain to this pond or water quality device, in fact do and thus stormwater draining to them should be receiving the required treatment. I further certify that the copy of stamped calculations attached hereto was used to determine the As-Built water quality treatment and release of the first flush. For water quality management systems other than water quality ponds, I certify that they were designed and installed per the manufacturer's recommendations and the approved plans.

SIGNATURE AND SEAL

ENGINEER AND COMPANY NAME,
(PLEASE PRINT)

NOTE: *Attach stamped As-Built plans and calculations to this document.*