

STATE OF SOUTH CAROLINA )  
 )  
 ) COVENANTS FOR PERMANENT  
 ) MAINTENANCE OF STORMWATER  
 ) PONDS\* (CPMSP)  
COUNTY OF LEXINGTON )

I hereby certify that I, the owner(s) of the pond, will perform the duties as listed below. This shall include the listed maintenance activities below and others not listed to ensure proper long-term function of the pond. I understand that once ownership of the pond is transferred, I will no longer be held liable for the listed maintenance activities. I further certify that if ownership is transferred, I will ensure the new owner is aware of their maintenance responsibilities and I will provide Public Works Stormwater Department (PW/SWD) with documentation of the ownership transfer. Until documentation is provided to PW/SWD the original applicant/owner shall assume all permanent maintenance responsibilities

### Property Information

PARCEL/TMS #(S): \_\_\_\_\_  
(Obtain from Registrar of Deeds office at 803-785-8470 or by using interactive mapping at <http://maps.lex-co.com/website/2004Data/viewer.htm> or <http://www.lex-co.com/GIS/Services.html>)

NAME & TYPE OF POND(S): \_\_\_\_\_  
\_\_\_\_\_

LOCATION OF POND(S): \_\_\_\_\_  
\_\_\_\_\_

PROPERTY DEED RECORDED DATE: \_\_\_\_\_

TITLE OF SITE PLAN: \_\_\_\_\_  
(Should exactly match the title given on application for a land disturbance permit)

PROJECT ENGINEERING FIRM: \_\_\_\_\_

### Responsibilities

1. Regular Inspections: Inspections shall be performed at least twice a year, and more regularly as listed below. Inspection reports shall be generated and kept on file for 2 years. Reports are to be made available to Lexington County upon request.
2. Routine Maintenance: Some maintenance activities are needed on a routine basis, as listed below. All activities listed should be performed on a monthly, bi-monthly or more frequent basis if needed or unless specified below.
  - a. Vegetation Management: grass should be mowed bi-monthly during the months of April through September or more frequently if needed. Grass shall be mowed as needed during the months October through March.
  - b. Inlet and Outlet Structures: any blockage of inlets and outlets structures should be removed. Inlets and outlet protection should be repaired or replaced as needed.
  - c. Debris and Litter: trash and other debris that collects in the pond should be removed.
3. Sediment Removal: Ponds will trap sediments and other settleable material over time and should be removed once the storage capacity has been reduced by more than approximately 25%. This is expected to occur once every 2-5 years. Removal of the sediment shall occur no less frequently than once every 5

\* This form is to be used for all detention and retention ponds used for the control of stormwater. If such a pond serves both quantity and quality control, but is still a pond, this form should be used. A separate form (CPMSF) for other types of controls/BMPs (Bioretention, filters, separators, etc) should be used in those cases.

years. If a forebay exists, any trash, sediment, or other debris should be completely removed as discovered through routine maintenance activities or inspections.

- 4. Slope Stabilization/Structural Integrity: slope erosion, sink holes, or other structural issues should be repaired as soon as discovered through routine maintenance activities or inspections.

### Additional Responsibilities

List any additional routine or long-term activities to be performed on the pond(s).

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

**Note:** Lexington County reserves the right to alter the maintenance schedule and activity as necessary to ensure the proper function of the pond.

### Property/Pond Owner(s)

OWNER #1: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE : \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ WITNESS: \_\_\_\_\_  
WITNESS: \_\_\_\_\_

OWNER #2: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE : \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ WITNESS: \_\_\_\_\_  
WITNESS: \_\_\_\_\_

PERSONALLY APPEARED before me the undersigned witness and made oath that she/he saw the within-named, County of Lexington, State of South Carolina, by its duly Authorized Officer, sign, seal, and as his act and deed deliver their within written instrument of the uses and purposes therein mentioned that she/he with, the other witness, witnessed the execution thereof.

\_\_\_\_\_  
Witness

SWORN to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC FOR SOUTH CAROLINA  
MY COMMISSION EXPIRES \_\_\_\_\_