

Source and Treatment Control Operation and Maintenance Inspection Report

This report and attached Inspection and Maintenance Checklists document the inspection and maintenance conducted for the identified storm water source and treatment control(s) subject to the Agreement between the City [or County] and the property owner during the annual reporting period indicated below.

I. Property Information:

Property Address or APN: _____

Property Owner: _____

II. Contact Information:

Name of person to contact regarding this report: _____

Phone number of contact person: _____ Email: _____

Address to which correspondence regarding this report should be directed:

III. Reporting Period:

This report, with the attached completed inspection checklists, documents the inspections and maintenance of the identified treatment measures during the time period from _____ to _____.

IV. Storm water Source and Treatment Control Information:

The following storm water source and treatment controls are located on the property identified above and are subject to the Agreement:

Identifying Number of Source and Treatment Control	Type of Source and Treatment Control	Location of Source and Treatment Control on the Property

VII. Inspector Information:

The inspections documented in the attached Inspection and Maintenance Checklists were conducted by the following inspector(s):

Inspector Name and Title	Inspector's Employer and Address

VIII. Certification:

I hereby certify, under penalty of perjury, that the information presented in this report and attachments is true and complete:

Signature of Property Owner or Other Responsible Party

Date

Type or Print Name

Company Name

Address

Phone number: _____ Email: _____

