

Stormwater Treatment Measures Operation and Maintenance

Inspection Report to the

City of Dublin, Alameda County, California

This report and attached inspection checklists document the inspection and maintenance conducted for the identified stormwater treatment measures (STMs) and flow duration controls (FDCs) subject to the Maintenance Agreement between the City 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 January 1 to December 31 annually.

IV. Stormwater Treatment Measure and Flow Duration Control Information:

The following STMs and FDCs are located on the property identified above and are subject to the Maintenance Agreement:

Number of each type of STM or FDC	Type of STM or FDC	Location of STMs & FDCs on the Property
		Refer to map, Exhibit B

V: Sediment Removal

Total amount of accumulated sediment removed from the stormwater treatment measure(s) during the reporting period: _____ cubic yards.

The sediment was removed and disposed as follows: _____

VI. Inspector Information:

The inspections documented in the attached inspection checklists were conducted by the following inspector(s):

Inspector Name and Title	Inspector's Employer and Address

VII. Statement of STM and FDC Condition

Based on the inspections documented in the attached checklists, are the STMs and FDCs identified in this report present, functional and being maintained as required by the Maintenance Plan? (Check yes or no.)

____YES

____NO

If "NO", describe problem, proposed solution and schedule of correction:

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