

**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