

2023 PRIVATE DRAINAGE FACILITY INSPECTION & MAINTENANCE REPORT

City of Poulsbo

DUE SEPTEMBER 15TH

Property Owner Name: _____

Property or Business Name: _____

Property Address: _____

Tax Parcel #: _____

Inspected By: _____ Inspection Date: _____

INSTRUCTIONS

- 1. Perform Stormwater facility inspection.** For assistance in identifying stormwater facility components and maintenance requirements, refer to the *Stormwater Facility Maintenance Manual* ("manual"), found online at <https://cityofpoulsbo.com/public-works-stormwater-quality/>.
- 2. Perform any necessary stormwater maintenance and fill out Stormwater Facility Inspection Checklist (page 2).** If a facility has multiple defects, use separate lines for each defect type. See below example.
- 3.** The service provider and owner/agent must sign the Certification on the last page and return report to the City of Poulsbo Public Works Department by **September 15th**. Do not send in report until both the inspection AND required maintenance has been completed.

Example entry for stormwater facility inspection sheet:

Stormwater Facility	Number of this facility type with defect	DEFICIENCY DESCRIPTION	MAINTENANCE COMPLETED	
			✓	DATE
Type 2 Catch Basin	3	Sediment exceeds 60% of sump depth	X	03/30/2023

Complete and submit both pages of this checklist via mail, hand delivery, or fax to:

City of Poulsbo Public Works Department
ATTN: Water Quality Field Technician
22097 Viking Avenue NW
Poulsbo, WA 98370

Phone: 360-397-9747
Fax: 360-697-6796

Stormwater Facility Inspection Checklist

Stormwater Facility	Number of this facility type with defect	DEFICIENCY DESCRIPTION	MAINTENANCE COMPLETED	
			✓	DATE

Notes:

Certification

I, the undersigned, do hereby certify under penalty of perjury, that the inspection has been performed, the materials have been furnished, the services rendered, and/or the labor performed as deemed necessary for the inspection and maintenance to meet City of Poulsbo standards for the facilities indicated above.

Owner / Managing Agent

Service Provider

Signature:

Printed Name:

Company Name:

Mailing Address:

City: State: Zip code:

Phone Number:

Date:

Signature:

Printed Name:

Company Name:

Mailing Address:

City: State: Zip code:

Phone Number:

Date: