



# CLEAR LAKE CITY WATER AUTHORITY

900 Bay Area Boulevard • Houston, Texas 77058 • 281/488-1164  
• Fax 281/488-3400

## Stormwater Quality Management Plan Owner's Affidavit – Initial Certification

I, (owner's name) \_\_\_\_\_, have read the Stormwater Quality Management Plan and associated drawings and agree to implement the requirements described therein for the property known as: \_\_\_\_\_.

Owner's Name or Authorized Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Permit #: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Description: \_\_\_\_\_

Project Location: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### NOTARY STATEMENT

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me, a notary public, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY SEAL

\_\_\_\_\_  
Notary Public's Signature

Please return completed original to:

Clear Lake City Water Authority - 900 Bay Area Boulevard – Houston, TX 77058



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## Stormwater Quality Management Plan Facility Inspection Report

Owner Name: \_\_\_\_\_ Inspector: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_  
 \_\_\_\_\_ Date of Last Inspection: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date of Construction: \_\_\_\_\_  
 Location: \_\_\_\_\_ Type of Facility: \_\_\_\_\_  
 Stormwater Quality Permit #: \_\_\_\_\_

The Clear Lake City Water Authority Stormwater Ordinance requires an annual inspection of all stormwater facilities to ensure that they are being properly maintained and are functioning as originally designed.

- ( )Y ( )N Did the previous inspection report document any maintenance or structural concerns?
- ( )Y ( )N Have previous recommended improvements been completed?
- ( )Y ( )N Visual inspection found no apparent problems with the structure.

Indicate following repairs and/or maintenance items. Items will need to be addressed within 90 days of the submittal of this report.

### General Facility Maintenance

- \_\_\_\_\_ Repair eroded inlet channel
- \_\_\_\_\_ Re-seed and/or repair bare areas or gullies
- \_\_\_\_\_ Replace or repair rip-rap at inlet pipe(s)
- \_\_\_\_\_ Remove trash and/or debris from pond area
- \_\_\_\_\_ Remove accumulated sediment
- \_\_\_\_\_ Mow and regularly maintain vegetation.
- \_\_\_\_\_ Remove trees and wooded vegetation

### Earthen Dam or Retaining Wall

- \_\_\_\_\_ Remove trees and woody vegetation
- \_\_\_\_\_ Remove/trap burrowing animals
- \_\_\_\_\_ Re-seed and repair bare areas or gullies
- \_\_\_\_\_ Repair holes depressions, and/or cracks
- \_\_\_\_\_ Repair seepage, leakage, and/or "piping"

### Pumps

- \_\_\_\_\_ Replace pump(s)
- \_\_\_\_\_ Replace or fix electrical source and components
- \_\_\_\_\_ Clear intake or outfall area of debris

### Emergency Spillway

- \_\_\_\_\_ Remove trees and woody vegetation
- \_\_\_\_\_ Re-seed and repair bare areas or gullies
- \_\_\_\_\_ Replace or repair displaced rip-rap
- \_\_\_\_\_ Remove obstructions from spillway

### Structural Integrity

- \_\_\_\_\_ Seal existing cracks in concrete
- \_\_\_\_\_ Replace pipes
- \_\_\_\_\_ Replace inlets
- \_\_\_\_\_ Replace headwalls

### Principal and Water Quality Spillways

- \_\_\_\_\_ Remove trash and/or debris from trash rack
- \_\_\_\_\_ Clear obstructed water quality orifice(s)
- \_\_\_\_\_ Repair leaking and/or damaged riser/barrel
- \_\_\_\_\_ Repair leaking and/or damaged concrete spillway
- \_\_\_\_\_ Repair eroded or blocked outlet pipe
- \_\_\_\_\_ Replace or unclog filter gravel around riser

Additional Comments and Maintenance Concerns:

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Proper operation and maintenance are the sole responsibility of the property owner and a vital part of ensuring the effectiveness of your detention pond. Failure to complete maintenance, inspections, and comply with CLCWA policy DEV-111 can result in adverse action.

I have completed the inspection of the indicated stormwater facilities and recorded my observations to the best of my knowledge.

Inspector Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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