



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 - Renewal (Required in Odd Numbered Years)

I, _____, acting as Owner or authorized agent for the Owner of the property known as: _____, recorded with Stormwater Quality Permit #: _____ have implemented on (date) _____, 20____ the Storm Water Quality Management Plan for this property and agree to continue implementing the requirements described therein for the next year.

Owner's Name or Authorized Agent: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ E-mail: _____

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:

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: _____

Please return completed original to:

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