

OPERATION & MAINTENANCE (O&M) PLAN SELF-CERTIFICATION FORM

Self-Certification for Calendar Year: _____

Property Owner Name: _____

Project Address: _____

Assessor's Parcel No.: _____

Effective 2016, the State Water Board requires property owners or other authorized parties to certify that all the inspections and maintenance have been performed on all design features installed on their property since 2003 that either infiltrate, bioretain, evapo-transpire, or capture and re-use storm water. Examples of these features would include retention or detention basins, rain gardens, bioswales, permeable pavement, green roofs, infiltration trenches, planter or tree well infiltration devices, dry wells or rock wells.

To comply with the State Water Board requirement and to avoid a penalty or fees as described in the property's Operation & Maintenance Agreement on file with the City, this form is required to be completed and submitted on January 1st of each year after the installed Treatment Control Measures have been installed to certify that the O&M program is being implemented and that the Treatment Control Measure(s) is in an effective operational condition.

Please answer the following questions, make any applicable changes, and return this signed Self-Certification Form by January 1st to the City of Ripon Engineering Department, 259 N. Wilma Avenue, Ripon, CA 95366 or email to engineering@cityofripon.org.

If you have any questions about this annual requirement or how to inspect and/or maintain the storm water mitigation design features, please contact Christiana Giedd at 209-599-2108 or engineering@cityofripon.org.

1. List Treatment Control Measures

2. Based on field observations, are the features identified above effective in managing storm water and removing pollutants from storm water runoff? ☐ Yes ☐ No

3. Is there a long-term plan for conducting regular maintenance on the above-listed storm water management features? ☐ Yes ☐ No

4. How often is maintenance performed? ☐ Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually
☐ Other: _____

Certification Statement

Let my signature below acknowledge full compliance with the City of Ripon Post-Construction Stormwater Standards for the above mentioned property.

Signature of Owner or Operator

Date