



Stormwater Management Facilities Maintenance Certificate

For Calendar Year _____
(Due by September 30th of every year)

I, _____ certify that the stormwater management facilities at
Print Name

_____ (Address),

_____ (APN),

including the stormwater site design measures, treatment measures and source control measures have been properly operated and maintained during the preceding year and have been recently inspected and repaired as necessary to ensure continued

Property Owner:

Signature

Date

Title

Qualified Stormwater Practitioner (QSP):

Signature

Date

Title

Pursuant to Goleta Municipal Code (Title 13) the Public Works Director or designee maintains the authority, whenever reasonably necessary, to make an inspection, take any samples and perform any testing deemed necessary to determine compliance with any provision of the Stormwater Management and Discharge Control Ordinance.