



WQMP OPERATIONS AND MAINTENANCE PLAN

FACILITY INFORMATION

MASTER DEVELOPMENT NAME (If applicable)

PROJECT/FACILITY NAME

PROJECT/FACILITY ADDRESS

PROJECT/FACILITY PHONE

MAJOR CROSS STREETS

PROJECT GP NUMBER

CONTACT INFORMATION

PROPERTY OWNER ASSOCIATION (If applicable)

RESPONSIBLE PARTY CONTACT NAME

TITLE

CONTACT PHONE

COMPANY NAME

CONTACT FAX

COMPANY ADDRESS

CONTACT EMAIL

OPERATIONS AND MAINTENANCE PLAN CERTIFICATION

I certify that information on Inspection/Maintenance Responsibility for Structural Source Control and Treatment Control BMP's as listed in the subject Water Quality Management Plan (WQMP) is still true and valid. I also certify that a mechanism or agreement has been excuted for the long-term funding and performance of BMP operation, maintenance, repair, and/or replacement (DAMP Section 7.6.6).

PRINT NAME

TITLE

SIGNATURE

DATE

CHECK ONE:

SOLE OWNER

EXECUTIVE OFFICER OF:

PROPERTY OWNER'S ASSOCIATION BOARD
MEMBER (Position): _____

OTHER (Explain):
