

**EXHIBIT D – INSPECTION REPORT**

This report, attached inspection checklists, and maintenance backup provided by third-party company collectively document the inspection and maintenance conducted for the identified stormwater treatment measures subject to the Maintenance Agreement between the City and the property owner during the annual reporting period indicated below.

**I. Property Information:**

Property Address: \_\_\_\_\_  
APN: \_\_\_\_\_  
Property Owner: \_\_\_\_\_

**II. Contact Information:**

Name of person to contact regarding this report: \_\_\_\_\_  
Phone number of contact person: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Address to which correspondence regarding this report should be directed:  
\_\_\_\_\_

**III. Reporting Period:**

This report, with the attached completed inspection checklists, and maintenance backup documentation provided by third-party company collectively document the inspections and maintenance of the identified treatment measures during the time period from January 1 to December 31 annually.

**IV. Stormwater Treatment Measure**

*All trash capture devices on the property must be shown and numbered on Exhibit B of the Maintenance Agreement.*

The following trash capture devices are located on the property identified above and are subject to the Maintenance Agreement:

# Trash Capture Device	Type of Device

Complete the Full Trash Capture Device Inspection and Maintenance Checklist for EACH trash capture device.

**V. Sediment Removal**

Total amount of accumulated sediment removed from the stormwater treatment measure(s) during the reporting period: \_\_\_\_\_ cubic yards.  
The sediment was removed and disposed as follows:  
\_\_\_\_\_

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**VI. Inspector Information**

The inspections documented in the attached inspection checklists were conducted by the following inspector(s):

Inspector Name and Title	Inspector's Employer and Address

**VII. Statement of Stormwater Treatment Measure Condition**

Based on the inspections documented in the attached checklists, are the stormwater treatment measures identified in this report present, functional and being maintained as required by the Maintenance Agreement? (Check yes or no)

Yes                       No

If "No", describe problem, proposed solution and schedule for correction:

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**VIII. Certification**

I hereby certify, under penalty of perjury, that the information presented in this report and attachments is true and complete:

\_\_\_\_\_  
Signature of Property Owner or Other Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Full Trash Capture Device Inspection and Maintenance Checklist

Property Address: \_\_\_\_\_ APN: \_\_\_\_\_

Trash Capture #: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_ Inspector(s): \_\_\_\_\_

Type of Inspection:       Monthly                               Pre-Wet Season                               After heavy runoff (1" or greater)  
 End of Wet Season                               Other

Defect	Conditions When Maintenance Is Needed	Maintenance Needed (Y/N)	Comments*	Results Expected When Maintenance is Performed
1. Trash and Debris Accumulation	Trash and debris accumulated in the trash capture device.			Trash capture device is free of trash and debris.
2. Standing Water	When water ponds behind the trash capture device or the outflow pipe.			No standing water behind the trash capture device.
3. Structural Integrity	Concrete stormwater inlet has cracks and/or leaks.			Cracks and leaks are repaired, and the stormwater inlet is structurally sound.
4. Miscellaneous	Any condition not covered above that needs attention in order for the trash capture device to function as designed.			Trash capture device operates per the design specifications.

\*Describe maintenance completed and if needed maintenance was not conducted, note when it will be completed.