



## WQMP OPERATIONS AND MAINTENANCE PLAN SHEET

### FACILITY INFORMATION

Master Development Name (if applicable): \_\_\_\_\_

Project/Facility Name: \_\_\_\_\_

Project/Facility Address (if applicable): \_\_\_\_\_

Major Cross Streets: \_\_\_\_\_

Project/Facility Phone Number: \_\_\_\_\_ Project GP Number: \_\_\_\_\_

### RESPONSIBLE PARTY CONTACT INFORMATION

Property Owner Association (if applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Fax Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

### OPERATIONS & 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_