



# Self-Certification of Maintenance Stormwater Treatment Devices

Facility /Business Name: \_\_\_\_\_

Facility/Business Address: \_\_\_\_\_

Facility/Business Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facility/Business Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please list all of the Stormwater Treatment Control(s) located at this facility address:

Device Type	Quantity	Manufacturer	Number of Filter Units	Year Installed

I have performed routine maintenance on our storm water treatment control devices as recommended by the manufacturer.

I have performed routine maintenance of our bio filter storm water treatment control system (rain gardens, retention basins, infiltration systems, swales etc. Any system that is not a proprietary manufactured device).

Maintenance is NOT REQUIRED at this time. DATE OF LAST MAINTENANCE: \_\_\_\_\_

Additional Comments:

As the owner and/or responsible party, I hereby certify that the above information is true and correct.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please keep a copy for your records and return the original signed Certification Form to:  
City of Modesto - Stormwater Administration  
1221 Sutter Avenue  
Modesto, CA 95351**