Exhibit D

Annual Inspection Report

For Stormwater Treatment Measure(s)

This report and the attached Inspection and Maintenance Checklist(s) document the inspection and maintenance conducted for the identified stormwater treatment measure(s) subject to the Maintenance Agreement between the City of Menlo Park and the property owner during the annual reporting period indicated below.

**I. Property Information:**

Property Address:

Property APN:

Property Owner:

**II. Contact Information:**

Name of Inspector completing this report:

Office Phone: Cell Phone:

FAX: Email:

Name of Inspector’s Employer:

Office Phone: Cell Phone:

FAX: Email:

Address to which correspondence regarding this report should be directed:

**III. Reporting Period:**

This report, with the attached completed inspection checklists, documents the inspections and maintenance of the treatment measure(s) during the calendar year: .

**IV. Stormwater Treatment Measure Information:**

The following stormwater treatment measure(s) are located on the property identified above and are subject to the Maintenance Agreement:

|  |  |  |
| --- | --- | --- |
| Number | Name of Treatment Measure | Location of Treatment Measure on the Property |
|  |  |  |
|  |  |  |
|  |  |  |

**V. Summary of Inspections and Maintenance:**

Summarize the following information using the attached Inspection and Maintenance Checklists:

|  |  |  |  |
| --- | --- | --- | --- |
| Number | Date of Inspection | Date of Operation and Maintenance Activities Performed | Activities Performed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**VI. Sediment Removal:**

Total amount of accumulated sediment removed from the stormwater treatment measure(s) during the reporting period: \_\_\_\_\_\_\_\_\_ cubic yards.

How wassedimentdisposed of?

* landfill
* on-site as described in and allowed by the maintenance plan
* other: please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VII. Certification:**

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

Signature of Inspector Date

Type or Print Name

**RETURN TO**: Stormwater Coordinator, City of Menlo Park, 701 Laurel St., Menlo Park, CA 94025, (650) 330-6740, FAX (650) 327-5497