



## CLEAR LAKE CITY WATER AUTHORITY

900 Bay Area Boulevard • Houston, Texas 77058 • 281/488-1164  
• Fax 281/488-3400

### Stormwater Quality Management Plan Engineer's Initial Certification

I, \_\_\_\_\_, a Professional Engineer duly licensed to practice in the State of Texas do hereby certify that the information presented in this document was prepared under my direction and supervision and complies with the *Clear Lake City Water Authority, Design Criteria for Detention Ponds*. Any part of design/sizing of the permanent stormwater quality feature(s) that do not meet current minimum design criteria contained within the Design Criteria for Detention Ponds are noted below.

*Describe any exceptions to the criteria here:*

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Printed Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Engineer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Description: \_\_\_\_\_

Project Location: \_\_\_\_\_

Please return completed original to:  
Clear Lake City Water Authority  
900 Bay Area Boulevard  
Houston, TX 77058

(ENGINEER'S SEAL)



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## Stormwater Quality Management Plan Facility Inspection Report

Owner Name: \_\_\_\_\_ Inspector: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_  
 \_\_\_\_\_ Date of Last Inspection: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date of Construction: \_\_\_\_\_  
 Location: \_\_\_\_\_ Type of Facility: \_\_\_\_\_  
 Stormwater Quality Permit #: \_\_\_\_\_

The Clear Lake City Water Authority Stormwater Ordinance requires an annual inspection of all stormwater facilities to ensure that they are being properly maintained and are functioning as originally designed.

- ( )Y ( )N Did the previous inspection report document any maintenance or structural concerns?
- ( )Y ( )N Have previous recommended improvements been completed?
- ( )Y ( )N Visual inspection found no apparent problems with the structure.

Indicate following repairs and/or maintenance items. Items will need to be addressed within 90 days of the submittal of this report.

### General Facility Maintenance

- \_\_\_ Repair eroded inlet channel
- \_\_\_ Re-seed and/or repair bare areas or gullies
- \_\_\_ Replace or repair rip-rap at inlet pipe(s)
- \_\_\_ Remove trash and/or debris from pond area
- \_\_\_ Remove accumulated sediment
- \_\_\_ Mow and regularly maintain vegetation.
- \_\_\_ Remove trees and wooded vegetation

### Earthen Dam or Retaining Wall

- \_\_\_ Remove trees and woody vegetation
- \_\_\_ Remove/trap burrowing animals
- \_\_\_ Re-seed and repair bare areas or gullies
- \_\_\_ Repair holes depressions, and/or cracks
- \_\_\_ Repair seepage, leakage, and/or "piping"

### Pumps

- \_\_\_ Replace pump(s)
- \_\_\_ Replace or fix electrical source and components
- \_\_\_ Clear intake or outfall area of debris

### Emergency Spillway

- \_\_\_ Remove trees and woody vegetation
- \_\_\_ Re-seed and repair bare areas or gullies
- \_\_\_ Replace or repair displaced rip-rap
- \_\_\_ Remove obstructions from spillway

### Structural Integrity

- \_\_\_ Seal existing cracks in concrete
- \_\_\_ Replace pipes
- \_\_\_ Replace inlets
- \_\_\_ Replace headwalls

### Principal and Water Quality Spillways

- \_\_\_ Remove trash and/or debris from trash rack
- \_\_\_ Clear obstructed water quality orifice(s)
- \_\_\_ Repair leaking and/or damaged riser/barrel
- \_\_\_ Repair leaking and/or damaged concrete spillway
- \_\_\_ Repair eroded or blocked outlet pipe
- \_\_\_ Replace or unclog filter gravel around riser

Additional Comments and Maintenance Concerns:

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Proper operation and maintenance are the sole responsibility of the property owner and a vital part of ensuring the effectiveness of your detention pond. Failure to complete maintenance, inspections, and comply with CLCWA policy DEV-111 can result in adverse action.

I have completed the inspection of the indicated stormwater facilities and recorded my observations to the best of my knowledge.

Inspector Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please return completed original to:

Clear Lake City Water Authority - 900 Bay Area Boulevard – Houston, TX 77058