

**PRIVATE STORM DRAINAGE FACILITIES MAINTENANCE PLAN**

\_\_\_\_\_ name of facility

**Location:**

Tax Lot \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_, OR Zip \_\_\_\_\_

**Facilities to be maintained:**

- \_\_\_ Trapped Catch Basin(s)
- \_\_\_ Drywell(s)
- \_\_\_ Lineal feet - 12" storm line
- \_\_\_ Lineal feet - \_\_\_\_\_" storm line
- \_\_\_ Pollution control manhole(s)
- \_\_\_ Outlet control manhole(s)
- \_\_\_ Detention pond(s)\_\_\_ [tank(s)\_\_\_] (Check one or both.)
- \_\_\_ Other facilities as described \_\_\_\_\_

**Acknowledgment:**

- The owner(s) will maintain the above private storm drainage facilities annually. All oils, sediment and debris will be removed and deposited in an approved dumpsite. Any damaged equipment will be repaired promptly.
- Particular attention will be given to sedimentation and pollution control manholes, and detention outlet structures. All debris will be removed to assure proper functioning.
- The grates of all catch basins will be kept free of debris and leaves.
- The detention system's outlet structure will be checked to assure that sediment accumulation has not encroached on the required detention volume. Sediment will be removed as necessary to maintain that required volume.
- The outlet control manhole will be inspected to assure that all parts are intact and the orifice is free of any debris that could cause malfunction.
- The above maintenance activities will be documented each year by sending records of what was completed to: Clackamas County Water Environment Services, 150 S. Beaver Creek Road, Suite 430, Clackamas, Oregon 97045

I hereby certify that the storm system described above will be maintained according to this schedule, that I have authority to make this agreement, and that I will disclose this perpetual maintenance obligation to all future prospective owners of said property.

\_\_\_\_\_ Owner (print name)

\_\_\_\_\_ On behalf of (Company)

\_\_\_\_\_ Owner Signature

\_\_\_\_\_ Date

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ to be the free act and deed of said corporation/individual.

\_\_\_\_\_  
Notary Public for Oregon  
My Commission Expires \_\_\_\_\_