

Stormwater System Self-Inspection Coversheet

Completed inspection forms shall be submitted with this coversheet annually by June 15th to:

County of San Luis Obispo Department of Planning & Building

Attn: Stormwater Program Manager 976 Osos Street, Room 300, San Luis Obispo, CA 93408 -or-

Email: <u>Stormwater.SCM@co.slo.ca.us</u> Subject: CCM Annual Reporting, (reference CCM Case # in subject line)

| Stormwater System Inspection General Information | | |
|--|--|-------------|
| Property APN: | | CCM Case #: |
| Property Address: | | |
| Current Property Owner: | | |
| Mailing Address: | | |
| Phone: | | Email: |
| Inspection Reporting Period: | | |
| Inspector First & Last Name: | | |
| Date of Inspection(s): | | |
| SCM Number(s) Inspected: (List all SCMs inspected on the property) | | |

Inspector Signature:

Date