

2026 PRIVATE DRAINAGE FACILITY INSPECTION & MAINTENANCE REPORT

City of Poulsbo

DUE SEPTEMBER 15TH

Property Owner Name: _____

Property or Business Name: _____

Property Address: _____

Tax Parcel #: _____

Inspected By: _____ Inspection Date: _____

INSTRUCTIONS

- 1. Perform Stormwater facility inspection.** For assistance in identifying stormwater facility components and maintenance requirements, refer to the *Stormwater Facility Maintenance Manual* ("manual"), found online at <https://cityofpoulsbo.com/public-works-stormwater-quality/>.
- 2. Perform any necessary stormwater maintenance and fill out Stormwater Facility Inspection Checklist (page 2).** If a facility has multiple deficiencies, use separate lines for each deficiency type. See below example.
- 3.** The service provider and owner/agent must sign the Certification on the last page and return report to the City of Poulsbo Public Works Department by September 15th. Do not send in report until both the inspection AND required maintenance has been completed.

Example entry for stormwater facility inspection sheet:

Stormwater Facility	Number of this facility type with deficiency	Deficiency Description	Maintenance Completed	
			✓	DATE
Type 2 Catch Basin	3	Sediment exceeds 60% of sump depth	✓	03/30/2026

Complete and submit all pages of this checklist via mail, hand delivery, or fax to:

City of Poulsbo Public Works Department
ATTN: Water Quality Field Technician
22097 Viking Avenue NW
Poulsbo, WA 98370

Phone: 360-394-9747
Fax: 360-697-6796
Email: publicworks@cityofpoulsbo.com

Stormwater Facility Inspection Checklist

Stormwater Facility	Number of this facility type with deficiency	Deficiency Description	Maintenance Completed	
			✓	DATE

Notes:

Certification

I, the undersigned, do hereby certify under penalty of perjury, that the inspection has been performed, the materials have been furnished, the services rendered, and/or the labor performed as deemed necessary for the inspection and maintenance to meet City of Poulsbo standards for the facilities indicated above.

Owner / Managing Agent

Service Provider

Signature: _____

Printed Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Phone Number/Email: _____

Date: _____

Signature: _____

Printed Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Phone Number/Email: _____

Date: _____