



STORM WATER TREATMENT CERTIFICATION

FORM
P2

SITE NAME and ADDRESS

APPROXIMATE PROJECT CHARACTERISTICS

	Roofed Area		ft ²
	Roadway/Parking Area (exposed)		ft ²
	Landscaped/Vegetation		ft ²
	Other Ground Level Impervious Areas (Ex: Outdoor work or storage areas)		ft ²
	Other: _____		ft ²
	TOTAL		ft ²

STRUCTURAL/ TREATMENT BMPs

(attach additional sheets as necessary)

Area Designation <small>(must correspond on plans)</small>	Area <small>(ft²)</small>	Average Impervious Factor	Estimated Flow Rates or Volume*	Anticipated Potential Pollutants	Type of BMP <small>(include model number if any)</small>	BMP Location <small>(briefly describe)</small>	Design Treatment Capacity

By stamping this form, I acknowledge that each treatment BMP is provided with adequate bypass or overflow so as not to contribute to localized flooding or soil instability.

* Flow rates and volumes based on 0.75 inches of rainfall, include detailed calculations.

I certify that I am a Professional Engineer or Licensed Architect registered in the State of California, and that the treatment methods and capacities herein comply with the requirements established by the California Regional Water Quality Control Board, Los Angeles Region, and the State Water Resources Control Board for Standard Urban Stormwater Mitigation Plans (SUSMP).

**Affix Registered Engineer
Wet Ink Stamp Here:**

Print Name	Signature	Date

