

**ARCADIA**

# STORMWATER TREATMENT CERTIFICATION

**FORM  
P2**
**SITE NAME and ADDRESS****APPROXIMATE PROJECT CHARACTERISTICS**


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

Plan Check # \_\_\_\_\_

Planning # \_\_\_\_\_

## STRUCTURAL/TREATMENT BMPs

(attach additional sheets as necessary) or see back

Area Designation (must correspond with plans)	Tributary Area (ft <sup>2</sup> )	Average Impervious Factor	Estimated Flow Rate or Volume*	Anticipated Potential Pollutants	Type of BMP (include size, make, and model, if any)	BMP Location (briefly describe)	Design Treatment Flow Rate or Volume 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 the 0.75 inch, 24-hour rain event or the 85th percentile, 24-hour rain event, whichever is greater.

I certify that I am a Professional Civil Engineer 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 Low Impact Development (LID) Plans.

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

Print Name

Signature

Date

# STRUCTURAL/TREATMENT BMPs

(attach additional sheets as necessary)

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