



STORMWATER TREATMENT CERTIFICATION

FORM
P2-A

SITE NAME and ADDRESS

APPROXIMATE PROJECT CHARACTERISTICS

Plan Check # _____

Planning # _____

Roofed Area (proposed) _____ ft²

Roadway/Parking Area (proposed) _____ ft²

Landscaped/Vegetation (proposed) _____ ft²

Other Ground Level Impervious Areas (proposed) _____ ft²

(Ex: Outdoor work or storage areas)

Other: _____ ft²

TOTAL _____ ft²

STRUCTURAL/TREATMENT BMPs

(attach additional sheets as necessary) or see back

Area Designation or Description	Drainage Area to BMP (ft ²)	Type of BMP (include model number if any)	BMP Location (briefly describe)	BMP Design Capture Volume* (Commercial/ Industrial Projects)	BMP Design Area* (Residential Projects)

By signing 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.

*See the City of South Gate's Low Impact Development (LID) for Small Sites Technical Guidance Manual for calculation assistance.

I certify that the treatment methods and capacities herein comply with the requirements established by the City of South Gate's Low Impact Development (LID) for Small Sites Technical Guidance Manual.

Print Name

Signature

Date