

Stormwater Structural Controls Deficiency Notification Form

Inspection Date:		Inspection Time:
Site Name:		Site Address:
City:	State:	Zip:
Owner Name:		Owner Address:
City:	State:	Zip:
Owner Phone No.:		
Site Contact Name:		_ Site Contact Phone No.:
Site Contact Email:		
Engineer Name:		_ Engineer Email:
Engineer Phone No.:		Engineer Company/Firm:
Does the stormwater struct	cural control present a	nuisance or danger to public safety or public health?
Y	N	
of Kyle Ordinance No. 1 days from the date of	100. If corrective acti the inspection and/o	uplete maintenance and repair requirements per City ons cannot be completed within thirty (30) calendar r by December 1st, a draft inspection report, with e City of Kyle for approval.
Did the inspection documen	nt a deficiency requiri	ng corrective action?
Y	N	
If Yes, describe the defic	ciency(ies) using an a	dditional page if needed:

Attach an estimated timeline for compliance.