



## PERMANENT STORMWATER CONTROL ANNUAL REPORTING FORM

This form must be completed and the certification signed by the facility owner or agent and returned to Watershed Management Service, with necessary attachments, by November 30<sup>th</sup>, for the prior November through October period of time.

<b>GENERAL INFORMATION</b>	
Owner Name ( <input type="checkbox"/> check if new):	Reporting Period:
Facility Address:	November 1, 20____ to October 31, 20____
Contact Person ( <input type="checkbox"/> check if new) Name: Phone Number( <input type="checkbox"/> check if new): Mailing Address ( <input type="checkbox"/> check if new):	
<b>INSPECTION INFORMATION</b>	
Was maintenance required by the O&M Plan performed at this facility? (Please submit inspections logs or invoices documenting maintenance performed)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have any changes been made to the O&M Plan for the facility? (If yes, please attach additional documentation describing changes)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were any major repairs or replacements required? (If yes, please attach additional documentation describing changes)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please indicate if any of the following deficiencies were noted during your inspections	
<input type="checkbox"/> Vegetation outside the facility that is leaning unnaturally or lying on the ground	<input type="checkbox"/> Erosion or exposed dirt in or around the facility
<input type="checkbox"/> Standing water for long periods of time (3 or more days) after regular, small rainfall events	<input type="checkbox"/> Drainage problems downstream of the facility
<input type="checkbox"/> Indications of improper function or bypassing of stormwater flows	

I certify that to the best of my knowledge and belief the maintenance and inspection of the permanent BMPs is being implemented in accordance to the Post Construction Stormwater Facility Operation and Maintenance Plan for this property or that a notice of any deficiencies has been provided.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date