

CITY OF OVERLAND PARK

STORMWATER TREATMENT FACILITY MAINTENANCE RECERTIFICATION

Project Name: _____

Site Address/Location: _____

Property Owner: _____

Date of Last Inspection: _____

Facility Type	# on Site
Bioretention Cell	
Extended Detention Wetland	
Extended Dry Detention	
Extended Wet Detention	
Infiltration Basin	
Infiltration Trench	
Native Vegetation Area	
Native Vegetation Swale	
Permeable Pavement	
Proprietary Unit	
Rain Garden	
Other (specify)	

Maintenance Recertification

I hereby certify that I or a person under my direct supervision has reviewed the stormwater plan, inspected the subject stormwater treatment facility and have determined that the stormwater treatment facility is in accordance with the approved construction plans. I further certify that the facility does not have excessive sediment buildup or excessive erosion, the outlet is in good working order, permanent vegetation is in good condition and conforms to the types shown on the approved plans, and appears to be draining adequately. I also certify that I or the person performing the inspection is knowledgeable of all applicable stormwater standards of the City of Overland Park, Kansas.

Print Name: _____ Date: _____

Affiliation/Business Address: _____

(Seal, date & signature)

Required Attachments:

1. Photos of each facility at the time of certification. For multiple facilities on a single site, label the photos and the site plan so that it is easily determined which photos and inspection report correspond to a particular facility.
2. Complete Stormwater Treatment Facility Maintenance Inspection Report(s) and attach to this Certification – a separate report is required for each facility.