

Annual BMP Maintenance Report Form

Per the Missouri Department of Natural Resources & City of Festus Rules and Regulations for Stormwater Drainage Facilities (Section 520.400 - Maintenance and Repair Of Stormwater Facilities) an annual maintenance report is required to be submitted to the City of Festus. This completed form and attachments should be submitted annually **no later than MARCH 31st** of the year following the reporting year, to:

City of Festus
 Attn: Stormwater BMP
 950 North Fifth
 Festus MO 63028
 Mark@FestusMO.gov

For consistency and for your convenience, the City of Festus is providing this Annual BMP Maintenance Report Form for optional use by BMP owners. This report form and the inspection checklists are not mandatory for use and are being provided as templates to ensure compliance with minimal maintenance requirements. Use of this form and/or the referenced inspection checklists developed by the City of Festus will not exempt BMP owners from the design and maintenance requirements specified in the Stormwater Management Facilities Report.

GENERAL INFORMATION. Please fill out only one report form per site.

Property Address	Date
Description (Subdivision)	

Property Owner

Name		
Company		
Address		
City	State	Zip
Phone	Cell	
Email		

Maintenance Contractor (Inspector) same

Name		
Company		
Address		
City	State	Zip
Phone	Cell	
Email		

INSPECTION CHECKLIST & BMP SUMMARY TABLE

Please attach a copy of the most recent inspection form/checklist. If the system is a proprietary system, the manufacturer's inspection checklist should be obtained from the manufacturer for use.

Fill-in the actual number of BMP devices on the table below. Attach color photos as appropriate, to show condition of each BMP.

BMP Device Type	Number per Site	BMP Device Type	Number per Site
Bioretention		Filter	
Porous Pavement		Infiltration Basin/Trench	
Detention/Retention Basin or Pond		Other (Specify)	
Open Channel (Swales)		Other (Specify)	

MAJOR MAINTENANCE & CORRECTIVE ACTIONS.

Please complete the table below summarizing major maintenance activities conducted and any corrective actions taken.

Date Completed	Deficiency Observed Needing Correction	Corrective Action/Maintenance Activity Completed

SITE PHOTOGRAPHS. Please attach photographs showing current condition of BMPs on site. One panoramic view of the site and one close-up photo of each area are sufficient.

Printed name: _____ Signature: _____ Date: _____