



**Standard Bi-Annual Report Form for Use in Reporting
Stormwater Treatment BMP Inspections, Operation and
Maintenance to the Unified Government of Wyandotte
County / Kansas City, Kansas**

When completed, this form and any attachments, document the inspections and maintenance conducted for the identified stormwater treatment Best Management Practices (BMPs) in accordance with the Post-Construction Ordinance during the reporting period indicated below. The reporting period is based on the year the development was issued an Occupancy Permit.

I. Property Information:

Property Address: _____

Property Owner: _____

II. Contact Information:

Name of person to contact regarding this report: _____

Phone number of contact person: _____ Email: _____

Address to which correspondence regarding this report should be directed:

III. Reporting Period:

This report documents the inspections and maintenance of the identified stormwater treatment BMPs during the time period from January 2017 to December 2019.

Date issued Occupancy Permit: _____

IV. Stormwater Treatment Measure Information:

The following stormwater treatment measures (identified treatment measures) are located on the property identified above and are subject to the Unified Government Post-Construction Ordinance:

Stormwater Treatment BMP ID #	Type of Stormwater Treatment BMP	Location of Stormwater Treatment BMP on the Property

VI. Sediment, Debris and Trash Removal from Stormwater Treatment BMP(s):

_____ cubic yards of accumulated sediment and debris removed during the reporting period.

_____ cubic yards of accumulated trash and litter removed during the reporting period.

How was *sediment, debris and trash* disposed?

- landfill
- other location on-site as described in and allowed by the maintenance plan
- other, explain _____

VII. Inspector Information:

The documented inspections were conducted by the following inspector(s):

Inspector Name and Title	Inspector's Employer and Address

VIII. Certification:

I hereby certify that the information presented in this report and attachments is true and complete to the best of my knowledge:

Signature of Property Owner or Other Responsible Party

Date

Type or Print Name

Company Name

Address

Phone number: _____ Email: _____

**Attach to this report submission all the
Stormwater Treatment BMP Inspections,
and Operation and Maintenance inspections
for the reporting time frame:**