



Department of Public Works
Engineering Division
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STORMWATER MANAGEMENT (SWM) ANNUAL MAINTENANCE CERTIFICATION

Report for Calendar Year:	
SWM Permit Number:	ENGT20 - -
Facility Name:	
Facility Address:	
Property Parcel Number:	
Inspector Name:	
Inspection Date:	

STORMWATER MANAGEMENT BEST MANAGEMENT PRACTICES (BMPs)

BMP Type	Identifier Name	Good Condition	Maintenance Needed	Comments (attach additional sheets if needed)
Choose an item:		☐	☐	
Choose an item:		☐	☐	
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I do hereby certify that all statements, acknowledgements, and attachments contained herein are true and correct to the best of my knowledge. This document and included maintenance summaries certify that the stormwater management BMPs for the above property have been properly maintained for the indicated calendar year, unless indicated otherwise. All necessary maintenance will be performed within the following year, and a summary of this maintenance will be included in next year's report.

Signature:

WI Professional Engineering
License Number:

A Professional Engineer's approval is NOT required for cleaning of storm sewers, sumps, underground tanks, or replacement of oil/grease inlet or proprietary filters. A copy of the paid invoice for the associated cleaning/replacement services of these BMPs with photos should be attached.