



**RESIDENTIAL STORMWATER PERMIT (ReSWP)
CERTIFICATION FORM**

Property Address _____ **Date** _____

Property Owner Name _____

Phone Number _____ **Email** _____

Date of Inspection _____ **Current Temperature** _____

Current Weather _____

Location of BMP _____

Type of BMP _____

Did it rain within the last 72 hours? Yes No

Inspection Items	Yes	No	N/A
Is standing water present?			
Is drainage able to reach your BMP?			
Is there accumulated sediment in the bottom?			
Are weeds or invasive plants present?			
Is there evidence of dying or dead plant material?			
Are there areas of bare soil or erosion?			
Are inlets to or outlets from the BMP blocked?			
Other:			
*If any answers are Yes, describe how and when the items will be maintained on the 2 nd page			

Property Owner Signature _____ **Date** _____

If this 5-year inspection was completed by a third party, the inspectors contact information should be completed below:

Inspector Name _____

Company _____

Phone Number _____ **Email** _____

Inspector Signature _____ **Date** _____

Inspection Item Maintenance and Schedule Description

Completed forms can be sent to:
City of Roseville, Engineering Dept.
2660 Civic Center Dr.
Roseville, MN 55113
651-792-7004 (office)
engineering@cityofroseville.com