



CITY OF LONGMONT | Stormwater Quality Program

# PSC Permit Annual Reporting Form

## 1. PROJECT INFORMATION

Property/Development Name: \_\_\_\_\_

Reporting Period: January 1 to December 31, \_\_\_\_\_ (enter year)

PSC Permit Number: PSC \_\_\_\_\_ (enter number)

# of PSC Facilities: \_\_\_\_\_

## 2. CONTACT INFORMATION

*Please provide any changes to the contact information, if there is not a change in any particular category select "No change in contact information".*

**Owner Information (Permittee)**  No change in contact information

Owner/Company Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Management Company/Operations**  No change in contact information

Company/Organization: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Maintenance Company/Landscape Contractor**  No change in contact information

Company/Organization: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3. REPORT INFORMATION**

Annual inspection has been completed for PSC(s).  Yes  No

Routine maintenance has been completed for PSC(s).  Yes  No

Have there been any changes or major maintenance activities for the PSC?  Yes  No

If so describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any major deficiencies that need to be addressed?  Yes  No

If so describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any requests for updates to the O&M Manual?  Yes  No

If so describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you need a copy of the O&M Manual?  Yes  No

Is there anything else you would like to document?  Yes  No

If so describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. MAINTENANCE CERTIFICATION**

*"I certify that to the best of my knowledge and belief the maintenance and inspection of the Permanent Stormwater Control (PSC) is being implemented in accordance with the terms and conditions of the PSC permit and in a manner consistent with the Operation and Maintenance Manual. Additionally any deficiencies that need to be addressed has been noted and documented in this report or in the attached inspection report."*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**List of Attachments: (e.g. Inspection Form, photographs, etc...)**

[Attach additional information as needed. Remedial actions taken, how they were completed, and who performed them. Deficiencies to the PSCs, or problems encountered.]

To submit the annual report or if you have any questions contact the Stormwater Quality Program.

Digital submittals are accepted and preferred. Submit signed PDF to:

[SWQProgram@LongmontColorado.gov](mailto:SWQProgram@LongmontColorado.gov)

Alternatively, the signed form may be sent to:

City of Longmont  
Stormwater Quality Program  
RE: Permanent Stormwater Control Permit – Annual Reporting  
1100 S. Sherman St.  
Longmont CO 80501