



CITY OF LONGMONT | Stormwater Quality Program

PSCM Permit Annual Reporting Form

1. PROJECT INFORMATION

Property/Development Name: _____

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

PSCM Permit Number: PSCM - _____ (enter number)

of PSCM Facilities: _____

2. CONTACT INFORMATION

Please provide contact information for the following categories. There are up to two contacts for Permanent Stormwater Control Measure (PSCM) permits. Most PSCMs are owned by an organization or entity, however it is important that a person be listed as a contact for the organization or entity.

Permittee/Owner

The person representing the entity that owns the PSCM. This person should be authorized to sign and certify official PSCM reports and applications on behalf of the entity who is legally responsible for the PSCM and for compliance with the permit. For businesses or other organizations, this should be a legal representative of the entity, for HOAs it should be the HOA President or a current member of the HOA board.

Entity/Organization: _____ Primary Phone: _____

Contact Name: _____ Secondary Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Authorized Agent

An additional contact for the PSCM that is authorized to sign and certify reports and/or inspections as required by the permit as well as receive city communication or inspection reports for PSCMs. This could be management companies, maintenance companies or other individuals that should be included for PSCM permits.

Entity/Organization: _____ Primary Phone: _____

Contact Name: _____ Secondary Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

3. REPORT INFORMATION

Annual inspection has been completed for PSCM(s) Yes No

Routine maintenance has been completed for PSCM(s) Yes No

Have there been any changes or major maintenance activities for the PSCM? 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. CERTIFICATION OF RESPONSIBILITIES [Must be completed by one of the listed contacts]

"I certify that to the best of my knowledge and belief the maintenance and inspection of the Permanent Stormwater Control Measure (PSCM) is being implemented in accordance with the terms and conditions of the PSCM 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."

Signature _____ Date _____

Printed Name _____ Title _____

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

Digital submittals are accepted and preferred.

Alternatively, the signed form may be sent to:

Submit signed PDF to:

SWQProgram@LongmontColorado.gov

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