# Stormwater BMP Owner Inspection Form

## Native Vegetation

City of Columbia, Missouri

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**Address:**

**Owner:**

**Legal:**

**Date:**

**E-mail:**

**Phone:**

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## I. GENERAL INSPECTION RESULTS

<table>
<thead>
<tr>
<th>Item</th>
<th>Inspection Results</th>
<th>BMP’s in General</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>☐ Apparent problems</td>
<td>☐ No problems</td>
</tr>
<tr>
<td>2</td>
<td>☐ Design flaws</td>
<td>☐ No flaws</td>
</tr>
<tr>
<td>3</td>
<td>☐ Unauthorized modifications</td>
<td>☐ No modifications</td>
</tr>
<tr>
<td>4</td>
<td>☐ BMP removed</td>
<td>☐ BMP present</td>
</tr>
<tr>
<td>5</td>
<td>☐ Trash</td>
<td>☐ No Trash</td>
</tr>
<tr>
<td>6</td>
<td>☐ Contaminated</td>
<td>☐ Uncontaminated</td>
</tr>
<tr>
<td>7</td>
<td>☐ Smells</td>
<td>☐ Doesn’t smell</td>
</tr>
</tbody>
</table>

## II. BMP SPECIFIC INSPECTION RESULTS – NATIVE VEGETATION

<table>
<thead>
<tr>
<th>Item</th>
<th>Inspection Results</th>
<th>BMP : Native Vegetation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>☐ Does not correspond</td>
<td>☐ Corresponds</td>
</tr>
</tbody>
</table>
Stormwater BMP Owner Inspection Form
Native Vegetation
City of Columbia, Missouri

1. Is maintenance needed at this time? □ Yes □ No

2. Are mosquitoes or mosquito larvae present? □ Yes □ No

3. Maintenance items needed/completed:
   ________________________________________________
   ________________________________________________
   ________________________________________________

Return completed form by either of the following:
- Email – stormwaterbmp@como.gov (preferred method)
- Mail – City of Columbia Stormwater Utility, P.O. Box 6015, Columbia, MO 65205-6015

For questions, call (573) 441-5530.

Inspected by: __________________________________________
Signature __________________________________________
[Print Full Name] ________________________________________

FOR CITY USE ONLY - DO NOT FILL
Date received :________________________________________ Received
By:__________________________________________________
Comments/Corrective actions required:

Inspectors NAME

City of Columbia Stormwater Utility

Date received :____________________________ Received
By:____________________________

Comments/Corrective actions required:

Inspected by: __________________________________________
Signature __________________________________________
[Print Full Name] ________________________________________