

## Stormwater BMP Owner Inspection Form Hydrodynamic Separator City of Columbia, Missouri

Addres	s: _				
Owner	: _				
Legal:	_	· · · · · · · · · · · · · · · · · · ·			
Date:	_	E-mail:			Phone: ()
I. GEN	NER/	AL INSPECTION RES	ULT	S	
Item		Inspection	Res	sults	BMP's in General
1		Apparent problems		No problems	BMP does not appear to be well maintained.
2		Design flaws		No flaws	BMP observed to have significant design flaws which lessen its effectiveness.
3		Unauthorized modifications		No modifications	BMP has unauthorized modifications that reduce its effectiveness.
4		BMP removed		BMP present	BMP has been destroyed or removed from property.
5		Trash		No Trash	Trash and debris has accumulated on/in BMP. Yard waste in BMP.
6		Contaminated		Uncontaminated	Evidence of Oil, gasoline. Contaminants or other pollutants.
7		Smells		Doesn't smell	Unpleasant odors from the BMP.
					NAMIC SEPARATOR
to con separa Each able to inspect make	ntrol vation manu propt and mod	vater pollution. They a unit to remove sedime ufactured hydrodynam vide the owner of the sd maintain the BMP. Filel, and manufacturer.	re de ent ai ic se syste Refer Foll	esigned as flow-thround other pollutants.  parator system is difuliation in with an idea of what to the engineered power the manufactures.	evices that use cyclonic separation igh structures with a settling or ferent and the manufacturer will be nat types of companies are able to lans of the facility in referencing the r guidelines for inspecting and
The C	ity of	g each specific hydrod f Columbia recommend g hydrodynamic separa	ds all	OSHA standards be	e followed when inspecting and



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1. Is maintenance needed at t	:his time?	☐ Yes	□ No					
2. Are mosquitoes or mosquit	□ Yes	□ No						
3. Maintenance items needed/completed:								
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Return completed form by either of the following:								
<ul> <li>Email – stormwaterbmp@como.gov (preferred method)</li> <li>Mail – City of Columbia Stormwater Utility, P.O. Box 6015, Columbia, MO 65205-6015</li> </ul>								
For questions, call (573) 441-5530.								
Inspected by:			_					
Signature								
[Drint Full Name]								
[Print Full Name]								
FOR CITY USE ONLY - DO	NOT FILL							
Received								
Date received:By:								
Comments/Corrective actions required:								