



City Hall
2032 Hanley Road
Dardenne Prairie, MO 63368
Phone 636.561.1718
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PERMIT / APPLICATION TO OPERATE AND MAINTAIN A DETENTION BASIN

CITY OF DARDENNE PRAIRIE, MISSOURI

www.DardennePrairie.org

APPLICANT:

Association/Company Name

Printed Name, Title

Street Address

City/State/Zip Code

Telephone

Facsimile

Email Address

DETENTION BASIN
PROPERTY OWNER:
(attach additional):

Association/Company Name

Printed Name, Title

Street Address

City/State/Zip Code

Telephone

Facsimile

Email Address

STREET ADDRESS AND/OR LEGAL DESCRIPTION OF DETENTION BASIN PROPERTY OR
PROPERTIES: _____

NAME OF THE SUBDIVISION IN WHICH THE DETENTION BASIN(S) IS LOCATED, IF ANY: _____

NOTE: Once issued, a Permit to Operate and Maintain a Detention Basin shall be valid for a period of three (3) years. By affixing signatures to this application form, the Applicant and Owner(s) hereby grant the City authority to enter upon the property containing the detention basin for purposes of conducting an inspection and verify that: they have reviewed the applicable regulations; they are familiar with the specific requirements relative to this application; and they take full responsibility for this application. The above signatures further indicate that the information provided on this form and on any additional data attached hereto is true, complete, and accurate.

CHECKLIST TO COMPLETE THIS APPLICATION

A permit application fee of \$140.00.

Signatures of the Applicant and Owner(s).

Applicant's Signature	Date
Owner's Signature (additional below)	Date

City Use Only

Permit Received By: _____ Date: _____

Application Fee: _____ Date: _____

Original Design Approval By: _____ Date: _____

Notes: _____

Permit Issued By: _____ Date: _____

Permit No.: _____ Termination Date: _____

STORM WATER MANAGEMENT FACILITY ANNUAL MAINTENANCE AND INSPECTION FORM

BIORETENTION/RAIN GARDEN

Location: _____ P Job Number: _____
 Owner Change since last inspection? Yes No Inspector: _____
 Owner Name: _____ Date of Inspection: _____
 Owner Address: _____ Owner Phone Number: _____
 Site Conditions: _____

INSPECTION RATING SYSTEM

- 0 = Good condition. Well maintained, no action required. Satisfactory Performance.
- 1 = Moderate condition. Should monitor. Satisfactory Performance.
- 2 = Degraded condition. Routine maintenance and repair needed. Unsatisfactory Performance.
- 3 = Serious condition. Immediate need for repair or replacement. Unsatisfactory Performance.

NOTE TO INSPECTOR: All personnel entering any confined spaces must take appropriate safety measures and follow applicable OSHA regulations.

INSPECTION ITEMS	RATING	COMMENTS
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Overall Drainage Area Conditions:

A. INLET (If not piped, identify as overland flow)

Provide stable conveyance into facility?	0 1 2 3 N/A	
Excessive trash/debris/sediment accumulation?	0 1 2 3 N/A	
Signs of erosion?	0 1 2 3 N/A	

B. PRETREATMENT

Excessive trash/debris/sediment?	0 1 2 3 N/A	
Evidence of standing water? (Ponding, Noticeable Odors, Water Stains, Algae)	0 1 2 3 N/A	
Evidence of clogging?	0 1 2 3 N/A	
Dead vegetation/exposed soil?	0 1 2 3 N/A	
Evidence of erosion?	0 1 2 3 N/A	

C. TREATMENT AREA AND VEGETATION

Excessive trash/debris/sediment?	0 1 2 3 N/A	
Signs of erosion or movement of mulch (or pea gravel)?	0 1 2 3 N/A	
Evidence of oil/chemical/accumulation?	0 1 2 3 N/A	
Evidence of standing water? (Ponding, Noticeable Odors, Water Stains, Algae)	0 1 2 3 N/A	
Underdrain system (if equipped) broken/clogged?	0 1 2 3 N/A	
Adequate plant covering present?	0 1 2 3 N/A	
Is vegetation overgrown?	0 1 2 3 N/A	
Dead vegetation/exposed soil?	0 1 2 3 N/A	
Signs of mulch layer thinning (or pea gravel)?	0 1 2 3 N/A	

D. OVERFLOW/OUTLET STRUCTURE

Stable conveyance out of facility provided?	0 1 2 3 N/A	
Excessive trash/debris/sediment accumulation?	0 1 2 3 N/A	
Evidence of erosion at/around ?	0 1 2 3 N/A	

E. HAZARDS

Complaints from local residents?	0 1 2 3 N/A	
Any public hazards observed (describe if any)	0 1 2 3 N/A	

F. CORRECTIVE ACTIONS*

*If any 2-3 ratings are given in Sections A-E of this checklist, list corrective actions recommended or completed at the time of this inspection.

CORRECTIVE ACTIONS	RECOMMENDED TO OWNER	COMPLETED AT TIME OF INSPECTION

G. PHOTOGRAPHS

Please attach photographs, with descriptions, showing current condition of system and any deficiencies noted in this inspections

NOTE: This checklist does not exempt BMP owners from design and maintenance requirements specified in the SWMFR.