

**CITY OF OVERLAND PARK  
CERTIFICATE OF COMPLETION AND COMPLIANCE  
OF STORMWATER TREATMENT FACILITIES**

Project Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_

Type of Facilities ( circle all applicable types)

*Bioretention Cell, Bioswale, Rain Garden, Pervious Pavement, Extended Detention  
Wetland, Wetland Swale, Extended Wet Detention, Native Vegetation Swale,  
Extended Dry Detention, Turf Grass Swale, Native Vegetation enhanced or preserved,  
Stream Corridor Enhanced or Preserved, Sand filter, Other (specify \_\_\_\_\_).*

\_\_\_\_\_ Performance Certification

I hereby certify that I, or a person under my direct supervision has reviewed the stormwater plan and inspected the subject project site at sufficient intervals of construction progress to determine that the stormwater treatment facility is in accordance with the approved construction plans. I further certify that the facility has full design capacity, the outlet works are in good working order and the facility is draining adequately. I also certify that I or the person performing the inspection is knowledgeable of all applicable stormwater standards of the City of Overland Park, Kansas.

I further certify that: (mark one)

\_\_\_\_\_ All required permanent vegetation associated with the facility has been installed, is actively growing, and has achieved a minimum of 70% density over 100% of the site area.

\_\_\_\_\_ The vegetation listed/described below has been planted or seeded in accordance with the plan but is either dormant or not yet established and will require additional inspection prior to final certification. \*

Listing of specific vegetation/areas remaining that are installed but not fully established (attach additional sheets if necessary).

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

\* Notes: *1. Performance Sureties will not be released until all areas are established.  
2. A Final Certificate of Occupancy cannot be released until all areas are fully established unless a Performance Surety has been provided in accordance with Chapter 16.210.080 of the OPMC.*

\_\_\_\_\_ Maintenance Certification

I hereby certify that I or a person under my direct supervision has reviewed the stormwater plan, inspected the subject stormwater treatment facility and have determined that the stormwater treatment facility is in accordance with the approved construction plans. I further certify that the facility does not have excessive sediment buildup or excessive erosion, the outlet works is in good working order, permanent vegetation is in good condition and conforms to the types shown on the approved plans, and appears to be draining adequately. I also certify that I or the person performing the inspection is knowledgeable of all applicable stormwater standards of the City of Overland Park, Kansas.

Typed/printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Affiliation/Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Seal, date & signature)

Required Attachments:

1. Copy of Site plan identifying the facilities being certified (11x17 or smaller plan required)
2. Site photos log of the facility at the time of certification. For multiple facilities on a single site, label the photos, and the site plan so that it is easily determined which photos and inspection checklist are of a particular site.
3. Initial Certification Only – complete Stormwater Treatment Facility Special Inspection Report – A separate report is required for each Facility.
4. Maintenance Certification Only – Complete Stormwater Treatment Facility Maintenance Inspection Report and attach to this Certification – a separate report is required for each facility.