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**BEST MANAGEMENT PRACTICES (BMP) MAINTENANCE
COMPLIANCE CERTIFICATION CONSULTANT SELECTION**

Subdivision name or business address: _____
(Please Print Clearly)

Association representative or facility owner:

Name: _____
(Please Print Clearly)

Address: _____

Telephone Number: _____

Email Address: _____

In accordance with the City of Mequon Code of Ordinances Section 58-606, the undersigned acknowledges their responsibility to provide normal, visual and customary cleaning and maintenance to the detention basin(s), lake(s) and pond(s); to certify that the existing facility complies with the original design standards and is functioning in an effective and efficient fashion; and to allocate funds for the effort and ongoing maintenance.

The facility owner agrees to the contract compliance certification by an independent engineer or licensed land surveyor and recertify that the detention basin/pond complies with the original design standards. Please indicate the professional who will complete the compliance certification:

Name: _____
(Please Print Clearly)

Firm: _____

Phone number/e-mail: _____

Approved By: _____ Date: _____
Authorized Representative