

STORM WATER POLLUTION PREVENTION PLAN

Typical Residential Lot

Project Owner _____

Site Address _____

Salina, Kansas 67401

OWNER'S CERTIFICATION and DELEGATION

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

Project Owner: _____

Authorized Representative: _____

Title: _____

Address: _____

Signature, Date: _____

As Project Owner, I have delegated the following individual to monitor Storm Water Prevention Plan (SWPPP) compliance:

Owner Representative: _____

Title: _____

Signature, Date: _____

Phone: _____