

**DESIGNER'S STATEMENT OF COMPLIANCE
STATE STORMWATER DISCHARGE PERMIT**

Check One Below:

- Initial Designer's Statement of Compliance
- Designer's Restatement of Compliance

1. Permit Number: _____
2. Description/Name of Project: _____
3. Designer's Certification: Please complete the applicable lines below.

I hereby certify to the best of my knowledge and in the exercise of my reasonable professional judgment that:

- The stormwater collection, treatment and control system authorized by the permit described in #1 above was properly constructed in accordance with the permit. **[Complete this line for Initial Designer's Statement of Compliance ONLY, in addition complete below.]**

Check ONLY one of the following boxes:

- The most recently issued permit described in #1 is valid and construction has not yet commenced. [If this line is checked, this form may be completed by the Owner.]
- The stormwater collection, treatment and control system authorized by the permit described in #1 above is properly operating and maintained in accordance with the requirements of the permit.
- The stormwater collection, treatment and control system authorized by the permit described in #1 above is not operating properly and/or is not being maintained in accordance with the requirements of the permit. If so, please describe the operational and maintenance failures in detail below (or in an attachment if necessary):

4. If you checked the last box in #3 above, please provide a description of the steps that will be taken to bring the stormwater system back into compliance with the permit, and provide a schedule for taking such actions.

5. The failure to properly operate and maintain the stormwater collection, treatment and control system authorized in the permit described in #1 above constitutes a violation of state law and is subject to potential enforcement action by the Department of Environmental Conservation. Please take immediate steps to correct all violations.

[INCOMPLETE FORMS WILL BE RETURNED]

Signature of Designer

Title

Print or Type Name and Address

Date of Inspection

Designer's Contact Phone and/or Email

Please mail this completed form to:

**DEC – Watershed Management Division
Stormwater Management Program
1 National Life Drive, Main 2
Montpelier, VT 05620-3522**

or email to: anr.wsmdstormwatergeneral@vermont.gov

Additional information can be found at:
<http://www.watershedmanagement.vt.gov/>
802-828-1535