



Municipal Separate Storm Sewer System (MS4) 2020 Annual Report

A. Permittee Information	
1. Name of MS4:	
2. Permit Number: - 9014	
B. Attached Documents	
The following documents have been prepared and submitted with this Annual Report:	
<input type="checkbox"/> Annual Report Workbook (.xlsx) <input type="checkbox"/> BMP Tracking Table (.xlsx)	
C. Certification of STPs constructed to comply with the FRP or PCP	
The following BMPs were built or implemented within the past calendar year and were constructed in compliance with the approved Flow Restoration Plan (FRP) or Phosphorus Control Plan (PCP).	
Name of System	Location
_____ Name of Qualified Designer	_____ Title
_____ Signature	_____ Date
D. MS4 Operator Certification	
This Annual Report shall be signed by a principal executive officer, ranking elected official or other duly authorized employee consistent with 40 CFR §122.22(b) and certified as follows:	
<p>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 knowing violations.</p>	
_____ Print Name	_____ Title
_____ Signature	_____ Date