**SWPPP Delegation of Authority  
Acting Operator Certification Statement  
Stormwater Pollution Prevention Plan**

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| Project Name: |
| Operator(s): |

|  |  |
| --- | --- |
| Company: | Contact: |
| Address: | Position: |
| Phone: |
| Email: |

The listed contact above shall be responsible for compliance with all aspects of the construction general permit and SWPPP unless specific activities are delegated to another qualified individual and documented in the SWPPP using a Delegation of Authority form.

“I certify under the penalty of law that I have read and understand this document and that this document and all attachments were prepared 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, 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.”

|  |  |
| --- | --- |
| Signature: | Date: |