

ATTACHMENT A - Delegation of Authority Form

This form is for permittees operating under the MPDES General Permit for Storm Water Discharges Associated with Construction Activity (General Permit). The form allows permittees to designate person(s) or position(s) to sign any reports, Storm Water Pollution Prevention Plan, and all other documents required by the General Permit. This form can be used for identifying additional and/or new SWPPP Administrators not identified on the Notice of Intent (NOI). This form must be completed and signed by the signatory on the NOI.

Delegation of Authority

I, _____ (name), hereby designate the following person(s) or position(s) below to be a duly authorized representative(s) of MPDES Permit Authorization MTR _____ at the _____ construction site. The designee(s) is authorized to sign any reports, Storm Water Pollution Prevention Plan, and all other documents required by the General Permit.

Name or Position Title: _____

Phone Number: _____ Email: _____

Training Course: _____ Date Completed: _____

Name or Position Title: _____

Phone Number: _____ Email: _____

Training Course: _____ Date Completed: _____

Name or Position Title: _____

Phone Number: _____ Email: _____

Training Course: _____ Date Completed: _____

By signing this authorization, I confirm that I meet the requirements to make such a designation as set forth in Part 4.15 of the general permit, and that the designee above meets the definition of a “duly authorized representative” as set forth in Part 4.15.

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 gather and evaluate 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.

Name: _____

Title: _____

Signature: _____

Date: _____