

CERTIFICATION OF SEWER USE ORDINANCE REVIEW

I attest that I have reviewed the applicable sewer use ordinance(s) for the _____ and find that said ordinance(s) contain(s) requirements for the following items in the identified sections (mark N/A for any requirement that is not contained in your NPDES permit):

1. prohibit introduction of new inflow sources to the sanitary sewer system;
Ordinance Number _____; Section _____
2. require that new construction tributary to the combined sewer system be designed to minimize and/or delay inflow contribution to the combined sewer system;
Ordinance Number _____; Section _____
3. require that inflow sources on the combined sewer system be connected to a storm sewer, within a reasonable period of time, if a storm sewer becomes available;
Ordinance Number _____; Section _____
4. provide that any new building domestic waste connection be distinct from the building inflow connection, to facilitate disconnection if a storm sewer becomes available;
Ordinance Number _____; Section _____
5. assure that CSO impacts from non-domestic sources are minimized by determining which non-domestic discharges, if any, are tributary to CSO's and reviewing, and, if necessary, modifying the sewer use ordinance to control pollutants in these discharges; and,
Ordinance Number _____; Section _____
6. assure that the owners of all combined sewers tributary to the Permittee's collection system have procedures in place to ensure that the objectives, mechanisms, and specific procedures for operation and maintenance as described in the Permit.
Ordinance Number _____; Section _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete.

Name (typed or printed) Title

Signature Date

I attest that above individual is a duly authorized representative of the _____ and has authority to sign this certification.

Ranking Elected Official (typed or printed) Title

Signature Date