

REPRESENTATIVE STORM WATER OUTFALL CERTIFICATION
ADEM Form 450

This is to certify that the **storm water** outfalls located at:

DSN _____ Latitude (_____) ° (_____) ' (_____) " N and Longitude (_____) ° (_____) ' (_____) " W

DSN _____ Latitude (_____) ° (_____) ' (_____) " N and Longitude (_____) ° (_____) ' (_____) " W

DSN _____ Latitude (_____) ° (_____) ' (_____) " N and Longitude (_____) ° (_____) ' (_____) " W

DSN _____ Latitude (_____) ° (_____) ' (_____) " N and Longitude (_____) ° (_____) ' (_____) " W

are associated with similar industrial activities such that the characteristics of storm water runoff are essentially the same. Therefore,
_____ (Facility Name) requests that it be allowed to sample the outfall(s) located at:

DSN _____ Latitude (_____) ° (_____) ' (_____) " N and Longitude (_____) ° (_____) ' (_____) " W

DSN _____ Latitude (_____) ° (_____) ' (_____) " N and Longitude (_____) ° (_____) ' (_____) " W

DSN _____ Latitude (_____) ° (_____) ' (_____) " N and Longitude (_____) ° (_____) ' (_____) " W

as the representative outfall(s).

This form must be signed by the official representative of the facility who is: the owner, the sole proprietor of a sole proprietorship, a general partner for a partnership, or by a ranking elected official or other duly authorized representative for a unit of government or an executive officer of **at least the level of vice president** for a corporation, having overall responsibility for the operation of the facility.

CERTIFICATION: I certify that I have chosen the point(s) that is/are most likely or as likely to contain potential pollutants from the area. 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 or imprisonment for knowing violations.

Permit Number (*if already a permitted facility):_____

Name and Official title (type or print):_____

Address:_____

Phone Number: (_____) _____

Signature:_____

Please print name:_____

Date signed:_____

Email address:_____

***If this is a modification to an existing permit, then a modification fee must also be included.**

INSTRUCTIONS

One certification should be submitted for each set of points from the same drainage area for which you want to designate a representative sampling point or points.

If you have more than one drainage area, you must submit a site drawing designating the drainage areas and all points of discharge with the chosen representative sampling points designated in each area.

If you have more than one drainage area, you may request that only one area be sampled if the areas are very similar to one another in terms of potential pollutants. You must choose as the representative sampling point the point that has the highest potential to contain pollutants in the storm water.