**SWPPP Delegation of Authority
Stormwater Pollution Prevention Plan**

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| Project Name:  |

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

The above mentioned individual, or named position, will be delegated all SWPPP responsibilities, or a portion thereof, as outlined below.

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| Responsibilities: |

“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.”

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| Signature of New Individual: | Printed Name: | Date: |

|  |  |  |
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| Signature of Previous Individual (not required): | Printed Name: | Date: |