

As current property owner of the aforementioned property, or authorized representative thereof, I:

1. Certify that I am aware of my responsibilities related to permanent stormwater controls.
2. Agree to implement the maintenance program included herein or attached.
3. Agree to maintain the permanent stormwater controls in good working condition, acceptable to LFUCG, so that they are performing their design functions.

_____ *Signature* _____ *Printed*
Name

_____ *Date* _____ *Title*

Organization

Property Owner's Contacts for Compliance

Final Construction Inspection: *Owner or Representative Name:* _____

Phone Number: _____ *E-Mail:* _____

Post-Construction Maintenance: *Owner or Representative Name:* _____

Organization: _____ *Address:* _____

Phone Number: _____ *E-Mail:* _____

Urban County Government Contact for Compliance

Representative Name: Jennifer Carey, P.E. (MS4 / Water Quality Section Manager)

Organization: LFUCG DWQ Address: 125 Lisle Industrial Ave., Suite 180
Lexington, KY 40511

Phone Number: 859-425-2400 E-Mail: MS4@lexingtonky.gov

--- TO BE FILLED OUT BY LFUCG CONTACT FOR COMPLIANCE ---

I have received Construction Plans dated: _____

I have received all necessary supporting documentation or amendments dated: _____

Notes: _____

YES NO This site has permanent stormwater controls subject to the LFUCG Permanent Stormwater Controls Inventory & Maintenance Program.

I have received an Inspection & Maintenance Plan (described above or in a separate attachment).

I have received contact information for the Final Construction Inspection and Post-Construction project phases.

I have received a copy of the record drawings and the Certificate of Substantial Completion

N/A

Notes: _____

LFUCG Contact for Compliance *Signature* _____ *Date*