

CERTIFICATION OF REGISTERED PROFESSIONAL ENGINEER OR LAND SURVEYOR

This form must be filled-out in its entirety with no alterations.

Name of Applicant:
Name of Applicant Representative:
Name of Project:

CERTIFICATION

I, _____, representing the project applicant, in my capacity as a
 (Name of Individual)
 registered professional _____, _____
 (Engineer or Land Surveyor) (Indiana registration number)

certify the following under penalty of law: The design of this project has been performed under my direction or supervision to assure conformance with 327 IAC 3 and the plans and specifications require the construction of said project to be performed in conformance with 327 IAC 3-6. The peak daily flow rates, in accordance with 327 IAC 3-6-11 generated from within the specific area that will be collected by the proposed collection system that is the subject of the application, plans, and specifications (when functioning as designed and properly installed), will not cause overflowing or bypassing in the same specific area serviced by the proposed collection system other than from NPDES authorized discharge points. The proposed collection system does not include new combined sewers (serving new areas) or a combined sewer extension to existing combined sewers. The sewer at the point of connection is physically in existence and operational. Based upon information provided by the owner of the Wastewater System, the ability for this collection system to comply with 327 IAC 3 is not contingent on downstream water pollution/control facility construction that has not been completed and put into operation. The design of the proposed project meets applicable local rules or laws, regulations and ordinances. The information submitted is true, accurate, and complete, to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Average Design Flow (<i>gallons per day</i>)	
Peak Design Flow (<i>gallons per day</i>)	
Owner of Receiving Collection System	
Name of Wastewater Treatment Plant	
Signature	Date Signed (<i>month / day / year</i>) / /

(Please refer to IC 13-30-10 for penalties of submission of false information.)