Certification

Authorized Representative (Optional): All reports, including SWPPPs, inspending reports, reports on training and other information required by this present described in Appendix B, Subsection 11.A or by a duly authorized representation with Appendix B, Subsection 11.B. If there is an authorized representation between the a signed and dated written authorization. The authorization letter is:	ermit must be signed by a esentative of that person in
Attached to this document (document name listed below)	
Publicly available at the website below	
"I certify under penalty of law that this document and all attachments were pre supervision in accordance with a system designed to assure that qualified perso evaluated the information submitted. Based on my inquiry of the person or per-	onnel properly gathered and
those persons directly responsible for gathering the information, the informatio knowledge and belief, true, accurate, and complete. I am aware that there are submitting false information, including the possibility of fine and imprisonment	ignificant penalties for
Printed Name PETER BUTTRUS	
Signature Med On	Date 11/3/20

SECTION 7 SWPPP CERTIFICATION

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 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.

Name: PETER BUTTKUS	Title:	DPW D	PECTOR	2
Signature:			Date: _	11/3/20

Certification

Authorized Representative (Optional): All reports, including SWPPPs, inspection reports, annual reports, monitoring reports, reports on training and other information required by this permit must be signed by a person described in Appendix B, Subsection 11.A or by a duly authorized representative of that person in accordance with Appendix B, Subsection 11.B. If there is an authorized representative to sign MS4 reports, there must be a signed and dated written authorization. The authorization letter is: Attached to this document (document name listed below) Publicly available at the website below "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 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." PETER BUTTKUS Printed Name Signature

Certification

Authorized Representative (Optional): All reports, including SWPPPs, inspection reports, annual reports, monitoring reports, reports on training and other information required by this permit must be signed by a person described in Appendix B, Subsection 11.A or by a duly authorized representative of that person in accordance with Appendix B, Subsection 11.B. If there is an authorized representative to sign MS4 reports, there must be a signed and dated written authorization. The authorization letter is: Attached to this document (document name listed below) Publicly available at the website below "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 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." PETER BUTTKUS Printed Name Signature

Stormwater Management Plan (SWMP) Revision History

MS4 Materials that supplement the 2019 SWMP Document

Revision #	<u>Date</u>	<u>Comments</u>
0	6/2019	SWMP Published for Town Comment
1	10/2020	IDDE Plan, O&M Plan, Facility Inventory, and SWPPPs are included as Appendix K
	(
	1923	
*		

"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 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."

Printed Name	PETER	BUTTRUS
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Signature

Date 11/3/20





SECTION 7 SWPPP CERTIFICATION

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 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.

Name:	PETER	BUTTKUS	_ Title: _	DPW	DIRECTOR	
Signatu	ire:	0			Date: 11/3/25	