CHAPTER 102 SCM CONSTRUCTION CERTIFICATION FORM

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| GENERAL PROJECT AND SCM INFORMATION | | | | | | | | | | | | | | |
| Project Site Name: | | | |  | | |  | | Permit No.: | |  | | | |
| Permittee Name: | | | |  | | |  | | Expiration Date: | |  | | | |
| SCM Name: | | | |  | | |  | | SCM ID No.: | |  | | | |
| Designer Name: | | | |  | | |  | | Municipality: | |  | | | |
| Designer Firm: | | | |  | | |  | | County: | |  | | | |
| Recording Date: | | | |  | | |  | | SCM Latitude: | |  | | | |
| Drainage Area: | | | |  | acres | |  | | SCM Longitude: | |  | | | |
| Impervious Area: | | | |  | acres | |  | | Date Complete: | |  | | | |
| New SCM | | Modified SCM | | | | Person(s) responsible for long‑term O&M: | | | |  | | | | |
| Report all inspections of the SCM and provide the information requested in the table below or as an attachment. | | | | | | | | | | | | | | |
| Inspection Date | | | Critical Stage(s) | | | | | Inspector Name | | | | | Inspector Firm | |
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| CONSTRUCTION INFORMATION | | | | | | | | | | | | | | |
| Photographs of each critical stage with date/time stamps and appropriate captions are attached (required). | | | | | | | | | | | | | | |
| Explain any deviations made during construction in comparison to the approved PCSM Plan and if the deviations were approved by DEP/CCD. | | | | | | | | | | | | | | |
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| Describe measurements taken by the inspector to evaluate conformance of the SCM and its components with approved plans. | | | | | | | | | | | | | | |
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| Was volume management credit claimed in the PCSM Plan using infiltration for this SCM? | | | | | | | | | | | | Yes | | No |
| Describe the method(s) used to confirm in the field that the SCM will infiltrate as designed. | | | | | | | | | | | | | | |
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| Describe corrective measures as a result of confirmation testing, if any. | | | | | | | | | | | | | | |
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| PERMITTEE CERTIFICATION | | | | | | | | |
| I certify under penalty of law that this application and all related attachments were prepared by me or 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 own knowledge and on inquiry of the person or 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 or both for knowing violations pursuant to Section 309(c)(4) of the Clean Water Act and 18 Pa. C.S.A. § 4904. | | | | | | | | |
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| **Responsible Official Name** | | | | |  | | **Title** | |
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| **Responsible Official Signature** | | | | |  | | **Date Signed** | |
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| LICENSED PROFESSIONAL CERTIFICATION | | | | | | | | |
| I certify that based on my direct observations or observations of the information gathered, the SCM identified herein was constructed and will function in a manner consistent with the approved PCSM Plan and any approved deviations. | | | | | | | | |
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| **Licensed Professional Name** | | | | | |  | | **Title** |
|  | | | | | |  | |  |
| **Licensed Professional Signature** | | | | | |  | | **Date Signed** |
| **License Type:** | **PE** | **PG** | **PLS** | **RLA** | |  | |  |
|  | | | | | |  | | **License No.** |