Post Construction BMP Certification

(Complete form and send with the as-built plan to MPDES@lincoln.ne.gov after BMP is constructed)

Project Name:	
Project Address:	
BMP Type:	·
Contractor Company (who installed BMP):	
<u>CERTIFICATION STATEMENT</u>	
This certification must be executed by a licensed professional civil engineer, So approved by the City of Lincoln.	urveyor, or other professional
Based upon my inspection of the constructed BMP(s) for the above-reference that the BMP(s) are in compliance with the intent of the original city approximately of Lincoln's post construction stormwater management requirement	roved design plans and with the
Name (Signature):	Date:
Name (Printed):	
Email Address:	
Company Name:	
Provide the following information on who will be responsible for ongoing	ing maintenance:
Person Responsible for BMP Maintenance	
Name:	
Company Name:	
Address:	
Telephone Number:	
Email:	

Review and inspection of the BMP(s) shall be done by a qualified individual who is knowledgeable in the principles and practices of post construction stormwater control.