



SC DEPARTMENT of
**ENVIRONMENTAL
SERVICES**

CONTRACTOR CERTIFICATION FORM
For Coverage(s) Under South Carolina
NPDES General Permit For
Stormwater Discharges From Construction Activities SCR100000

(Maintain As Part of On-Site SWPPP)

Date: _____

A. Project Information

1. NPDES Coverage No.: SCR _____ State Permit (Tracking) No.: _____
 2. Project/Site Name (As Approved by Department): _____
 3. Owner/Operator Name: _____

B. Contractor Information

1. Name: _____ Title/Position: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Company Name (As Applicable): _____
 Phone: _____ Email Address: _____
 2. Describe Construction-Related Responsibilities & Activities (Home construction, site grading, utility line installation, etc.):

C. Contractor Certification Statements & Agreement: *(Read the Contractor Certification statements below (in entirety) and provide date and signature of agreement below).* See Section 122.22 of S.C. Reg. 61-9 for signatory authority requirements. **DO NOT SIGN IN BLACK INK!**

"I certify by my signature below that I or I (on behalf of my company and its contractors and agents), as the case may be,

- (a) Understand, accept, and will adhere to the provisions of the Stormwater Pollution Prevention Plan (SWPPP) as it pertains to the portion of the project I am or my company is responsible for, and as required by the coverage under the National Pollutant Discharge Elimination System (NPDES) General Permit for Stormwater Discharges From Construction Activities SCR100000 issued to the Owner/Operator of the construction activity with whom I am or my company is under contract to perform construction related professional services;*
- (b) Am legally accountable to the SC Department of Health and Environmental Control (DHEC), under the authorities of the Clean Water Act and the SC Pollution Control Act, to ensure compliance with the terms and conditions of the SWPPP applicable to my or my company's portion of the project;*
- (c) Must comply with the terms and conditions of the Construction General Permit (CGP), will adhere to applicable standards and stormwater erosion control practices established in the SWPPP and in the Best Management Practices (BMP) manual at all times while performing work at the project site, and agree to implement corrective actions identified by the qualified inspector during a site inspection; and*
- (d) Understand that DHEC enforcement actions may be taken against any specific or combination of permittees and contractors if the terms and conditions of the SWPPP are not met.*

Therefore, having understood the above information, I am signing this certification as contractor to the aforementioned NPDES general permit."

Printed Name of Contractor

Title/Position

Signature of Contractor

Date Signed

Termination of Contractor Certification Agreement: DO NOT SIGN IN BLACK INK!
(When your land-disturbing activities at this site have been completed, sign and date below). After this date, you may not perform any land-disturbing activities at this site unless you sign a new contractor certification agreement).

Signature of Contractor

Date Signed

CONTRACTOR CERTIFICATION FORM

NPDES Coverage No.: SCR _____

State Permit (Tracking) No.: _____

Project/Site Name: _____

C. Contractor Certification Statements:

All contractors performing any land disturbing activity at a construction site must be certified and listed in the On-Site SWPPP (OS-SWPPP) in order to work on the site. *Read the Certification statements below (in entirety) and provide date and signature of agreement below.*

"I certify by my signature below that I or I (on behalf of my company and its contractors and agents), as the case may be,

- (a) Understand, accept, and will adhere to the provisions of the Stormwater Pollution Prevention Plan (SWPPP) as it pertains to the portion of the project I am or my company is responsible for, and as required by the coverage under the National Pollutant Discharge Elimination System (NPDES) General Permit for Stormwater Discharges From Construction Activities SCR100000 issued to the Owner/Operator of the construction activity with whom I am or my company is under contract to perform construction related professional services;*
- (b) Am legally accountable to the SC Department of Environmental Services (SCDES), under the authorities of the Clean Water Act and the SC Pollution Control Act, to ensure compliance with the terms and conditions of the SWPPP applicable to my or my company's portion of the project;*
- (c) Must comply with the terms and conditions of the Construction General Permit (CGP), will adhere to applicable standards and stormwater erosion control practices established in the SWPPP and in the Best Management Practices (BMP) manual at all times while performing work at the project site, and agree to implement corrective actions identified by the qualified inspector during a site inspection; and*
- (d) Understand that SCDES enforcement actions may be taken against any specific or combination of permittees and contractors if the terms and conditions of the SWPPP are not met.*

Therefore, having understood the above information, I am signing this certification as contractor to the aforementioned NPDES general permit."

C. CONTRACTOR CERTIFICATION AGREEMENTS

(Sheet 1)

NPDES Coverage No.: SCR _____
Project/Site Name: _____

State Permit (Tracking) No.: _____

Please print legibly and complete all spaces on the form. *If you are an approved Blanket Utility Provider, you do not need to sign this form, but you must submit a copy of your Annual Blanket NOI registration information to the Owner/Operator.* Abbreviate if necessary and submit the completed form to the Owner/Operator. (When your land-disturbing activities at this site are complete, sign and date the termination agreement below. After this date, you may *not* perform any land-disturbing activities at this site unless you sign a new contractor certification agreement). **Additional certification agreement pages may be attached as necessary. DO NOT SIGN IN BLACK INK!**

Contractor Information:

Name: _____ Title/Position: _____
Company Name (As Applicable) _____
Mailing Address: _____ City: _____ State: ____ Zip: _____
Phone: _____ Email Address: _____

Contractor Certification (Signature of Agreement): Provide date and signature. **DO NOT SIGN IN BLACK INK!**

Signature of Contractor Date Signed

Termination of Contractor Certification Agreement: Provide date and signature. **DO NOT SIGN IN BLACK INK!**

Signature of Contractor Date Signed

Contractor Information:

Name: _____ Title/Position: _____
Company Name (As Applicable) _____
Mailing Address: _____ City: _____ State: ____ Zip: _____
Phone: _____ Email Address: _____

Contractor Certification (Signature of Agreement): Provide date and signature. **DO NOT SIGN IN BLACK INK!**

Signature of Contractor Date Signed

Termination of Contractor Certification Agreement: Provide date and signature. **DO NOT SIGN IN BLACK INK!**

Signature of Contractor Date Signed

Contractor Information:

Name: _____ Title/Position: _____
Company Name (As Applicable) _____
Mailing Address: _____ City: _____ State: ____ Zip: _____
Phone: _____ Email Address: _____

Contractor Certification (Signature of Agreement): Provide date and signature. **DO NOT SIGN IN BLACK INK!**

Signature of Contractor Date Signed

Termination of Contractor Certification Agreement: Provide date and signature. **DO NOT SIGN IN BLACK INK!**

Signature of Contractor Date Signed

C. CONTRACTOR CERTIFICATION AGREEMENTS
(Company Certifications)
(Sheet 2)

Use this sheet for certification agreements of contractors, subcontractors, etc. employed by the Contracting Company identified below **ONLY**. If you do not work for the company listed below, do not sign this sheet. If you are an approved Blanket Utility Provider, you do not need to sign this form, but you must submit a copy of your Annual Blanket NOI registration information to the Owner/Operator. Abbreviate if necessary and submit the completed form to the Owner/Operator. (When your land-disturbing activities at this site are complete, sign and date the termination agreement below. After this date, you may *not* perform any land-disturbing activities at this site unless you sign a new contractor certification agreement). **Additional certification agreement pages may be attached as necessary.** Please print legibly and complete all spaces on the form. **DO NOT SIGN IN BLACK INK!**

NPDES Coverage No.: SCR _____ State Permit (Tracking) No.: _____
Project/Site Name: _____

Contracting Company Information:

Company Name _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email Address: _____

Contractor Information:

Contractor Name: _____ Title/Position: _____

Contractor Certification (Signature of Agreement): Provide date and signature. **DO NOT SIGN IN BLACK INK!**

Signature of Contractor Date Signed

Termination of Contractor Certification Agreement: Provide date and signature. **DO NOT SIGN IN BLACK INK!**

Signature of Contractor Date Signed

Contractor Name: _____ Title/Position: _____

Contractor Certification (Signature of Agreement): Provide date and signature. **DO NOT SIGN IN BLACK INK!**

Signature of Contractor Date Signed

Termination of Contractor Certification Agreement: Provide date and signature. **DO NOT SIGN IN BLACK INK!**

Signature of Contractor Date Signed

Contractor Name: _____ Title/Position: _____

Contractor Certification (Signature of Agreement): Provide date and signature. **DO NOT SIGN IN BLACK INK!**

Signature of Contractor Date Signed

Termination of Contractor Certification Agreement: Provide date and signature. **DO NOT SIGN IN BLACK INK!**

Signature of Contractor Date Signed

Instructions for Completing the Contractor Certification Form

If you are uncertain whether you need to obtain coverage under the NPDES General Permit for Stormwater Discharges From Construction Activities SCR100000 (CGP), if you cannot access the websites listed in these instructions, or if you have any questions, contact the Bureau of Water Stormwater Permitting Section at (803) 898-4300 or the Coastal Stormwater Permitting Section at (843) 953-0200. Please see the Bureau of Water, Stormwater Permitting website (des.sc.gov/stormwater) for guidance and additional information.

Who Must Complete a Contractor Certification Form

Contractors (who are not Permittees or Annual Blanket Utility providers), employed by a Primary or Secondary Permittee of a construction project or site, must complete a Contractor Certification Form before performing any land-disturbing activities at the construction site. Contractor Certification Forms do not require Department approval, however, this form must be signed, dated, and submitted by each contractor to the Owner/Operator prior to commencement of land-disturbing activities by the contractor.

General Guidance for this Form

Are there Other Requirements for Contractors Completing this form?

Contractors completing this form must also attend a pre-construction conference, and sign and date a Pre-Construction Conference Certification Agreement for each project or construction site where they will be performing construction activities. Contractors *cannot work at a construction site until they sign this certification form and document attendance at the Pre-Construction Conference held for the project or construction site. See Section 4.1 of the 2012 CGP for additional information.*

What Does This Certification Mean?

Upon signing this certification, the contractor is accountable to SCDES to ensure the terms and conditions of the approved Stormwater Pollution Prevention Plan (developed for the respective construction project or site) and the Construction General Permit (CGP) are implemented and adhered to in the respective area(s) of the plan where each contractor and/or company signing this form will be performing work. Each contractor becomes subject to SCDES enforcement actions if permit conditions are not met. **See Sections 2.2.3 and 2.3.2 of the 2012 CGP for additional information.**

Should the Owner/Operator Retain This Form?

The Owner/Operator of the construction site must retain completed Contractor Certification Forms with the approved On-Site SWPPP. This form must be retained for at least three years from the date permit coverage expires or is terminated.

Instructions for Completing this Form

Please print legibly and complete all spaces on the form. Abbreviate if necessary to stay within the space allowed for each item and submit the completed form to the Owner/Operator for the specific project or construction site listed in Section A.

Section A - Project Information

Provide all requested information. Enter the date, NPDES coverage number, and Tracking No. provided by the Department for the approved SWPPP. Enter the official or legal name of the project or site, as approved by the Department. If this project is for an individual lot or group of lots, provide the lot number(s). Provide the name of the Owner/Operator.

Section B – Contractor Information

Provide your legal name and title/position. As applicable, provide the legal (formal) name of the company, firm, public organization, or any other entity (you are employed by or represent) on whose behalf you will be performing contractor construction activities. Provide **your** mailing address, telephone and e-mail address. Briefly describe construction-related duties and responsibilities you or your company will perform for this project at the construction site.

Section C – Contractor Certification Statements & Agreement

Read the certification statements (in entirety). Provide your printed name and title or position. Date and sign the certification agreement. Return the signed and dated form to the Owner/Operator. **DO NOT SIGN IN BLACK INK.** Sheets 1 and 2 are formatted for multiple contractor signatures. Sheet 2 is ONLY for signatures within a specific company. Each may be copied as necessary. Sign and date the Termination of Contractor Certification Agreement when the services you provide for this project are complete. Return the signed and dated form to the Owner/Operator for record retention as a part of the On-Site SWPPP (OS-SWPPP).