



Owner/Operator Certification Form

SPDES General Permit for Concentrated Animal Feeding Operations

Facility Name: _____

DEC SPDES Number: _____

Annual eReport Submission Number: _____

eRpt Submitted by: Owner/Operator SWPPP Preparer Other

Certification Statement - Owner/Operator

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.

Owner/Operator First Name M.I. Last Name

Signature

Date