Appendix F – Sample SWPPP Amendment Log and Re-Certification Forms

Instructions:

- Create a log here of changes and updates to the SWPPP. You may use the table below to track these modifications.
- SWPPP modifications are required in the following circumstances:
 - ✓ Whenever new operators become active in construction activities on your site, or you make changes to your construction plans, stormwater control measures, pollution prevention measures, or other activities at your site that are no longer accurately reflected in your SWPPP;
 - ✓ To reflect areas on your site map where operational control has been transferred (and the date of transfer) since initiating permit coverage;
 - ✓ If inspections or investigations determine that SWPPP modifications are necessary for compliance with this permit;
 - ✓ Where EPA determines it is necessary to impose additional requirements on your discharge; and
 - ✓ To reflect any revisions to applicable federal, state, tribal, or local requirements that affect the stormwater control measures implemented at the site.
- If applicable, if a change in chemical treatment systems or chemically-enhanced stormwater control is made, including use of a different treatment chemical, different dosage rate, or different area of application.

No.	Description of the Amendment	Date of Amendment	Amendment Prepared by [Name(s) and Title]

RE-CERTIFICATION FORM (CONTRACTOR)

Instructions (see HAR Chapter 11-55 Appendix A Section 15):

- The following certification statement must be signed and dated by a person who meets the requirements of HAR Chapter 11-55 Appendix A Section 15.
- This re-certification must be signed in the event of a SWPPP Modification.

Certification and Signature by Contractor:

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 gather and evaluate 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 or imprisonment for knowing violations.

Name:	Title:	
Signature:	Date	:
Contractor		
Certification and Signature by	Duly Authorized Representative for the Gov	vernment:
direction or supervision in according properly gather and evaluate persons who manage the system information, the information supercurate, and complete. I an information, including the possing the p	hat this document and all attachments we ordance with a system designed to assure the information submitted. Based on my irem, or those persons directly responsible for abmitted is, to the best of my knowledge are aware that there are significant penalties sibility of fine or imprisonment for knowing v	that qualified personnel anquiry of the person or regathering the and belief, true, as for submitting false
Name:	Title:	
Signature:	Date	:

Duly Authorized Representative for the Government

RE-CERTIFICATION FORM (SUBCONTRACTOR)

Instructions (see HAR Chapter 11-55 Appendix A Section 15):

- The following certification statement must be signed and dated by a person who meets the requirements of HAR Chapter 11-55 Appendix A Section 15.
- This re-certification must be signed in the event of a SWPPP Modification.

Certification and Signature by Subcontractor:

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 gather and evaluate 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 or imprisonment for knowing violations.

Name:	Title:	
Signature:	Date:	
Subcontractor		
Certification and Signature by	Ouly Authorized Representative for the Government:	
direction or supervision in acco properly gather and evaluate persons who manage the syste information, the information su accurate, and complete. I ar	at this document and all attachments were prepared under my rdance with a system designed to assure that qualified personnel he information submitted. Based on my inquiry of the person or m, or those persons directly responsible for gathering the smitted is, to the best of my knowledge and belief, true, aware that there are significant penalties for submitting false bility of fine or imprisonment for knowing violations.	
Name:	Title:	
Signature:	Date:	
Duly Authorized Re	oresentative for the Government	