



**CHAPTER 102 SCM CONSTRUCTION CERTIFICATION FORM**

**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

**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.

Describe measurements taken by the inspector to evaluate conformance of the SCM and its components with approved plans.

Was volume management credit claimed in the PCSM Plan using infiltration for this SCM?    Yes    No  
 Design Ponding/Drawdown Time (2-year/24-hour storm): \_\_\_\_\_ hrs   Design Depth (ft): \_\_\_\_\_  
 Confirmation Testing Method:    Infiltration Tests    Simulated Runoff Test    Post-Storm Visual Inspection  
 Measured Ponding/Drawdown Time: \_\_\_\_\_ hrs   Measured Depth (ft): \_\_\_\_\_  
 Measured / Design Time: \_\_\_\_\_ %   (*attach test results; see instructions*)  
 Describe corrective measures taken to achieve a measured ponding or drawdown time within acceptable tolerance, if any.

**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.

\_\_\_\_\_  
**Responsible Official Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Responsible Official Signature**

\_\_\_\_\_  
**Date Signed**

**LICENSED PROFESSIONAL CERTIFICATION**

I certify that based on my direct observations or observations of the information gathered, the SCM identified herein was constructed in a manner consistent with the approved PCSM Plan and any approved deviations.

\_\_\_\_\_  
**Licensed Professional Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Licensed Professional Signature**

\_\_\_\_\_  
**Date Signed**

**License Type:**     PE     PG     PLS     RLA

\_\_\_\_\_  
**License No.**