



Appendix F Certification of Unstaffed or Inactive Facility

Instructions Inactive or Unstaffed Sites

If your facility is inactive and unstaffed, you may qualify for exemptions from certain monitoring or inspection requirements. To maintain this exemption, you must:

1. Indicate Facility Status on Registration

- When registering under this permit, you must state that your facility is inactive and unstaffed.
- If your facility was already registered as active and later becomes inactive and unstaffed, you must submit a revised registration to the Commissioner for approval.

2. Annual Certification in SWPPP

- You must include a certification in your Stormwater Pollution Prevention Plan (SWPPP), as required under Section 4.3 of the General Permit for the Discharge of Stormwater Associated with Industrial Activity.
 - The certification must state that: The site is inactive and unstaffed, and there are no industrial materials or activities exposed to stormwater.
- Use the official certification statement provided below. The language must not be altered, modified, or changed in any way.

3. Signature and Documentation

- The certification must be signed and dated by a qualified professional.
- The signed certification and supporting documentation must be included in your SWPPP.

4. Change in Site Conditions

- If your site becomes active, staffed, or industrial materials/activities are exposed to stormwater, the exemption no longer applies.
- You must immediately resume compliance with all applicable permit terms and conditions.

Certification: I certify that I have thoroughly examined the site or facility known as [Click or tap here to enter text.](#) I further certify, based on such examination and site visit by myself or my agent, and on my professional judgment, that the facility is inactive or unstaffed. Furthermore, I certify that all reasonable steps have been taken to prevent pollutants from entering stormwater, including all applicable provisions in the General Permit for the Discharge of Stormwater Associated with Industrial Activity, effective on [Click or tap here to enter text.](#)

I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate, and complete to the best of my knowledge and belief. I understand that a false statement made in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the Regs. Conn. State Agencies, pursuant to section 53a-157b of the Regs. Conn. State Agencies, and in accordance with any other applicable statute.

Certifier Name:	Click or tap here to enter text.	Certifier Title:	Click or tap here to enter text.
Certifier Signature:		Date:	Click or tap here to enter text.
Site/Facility Name and Address:	Click or tap here to enter text.	General Permit No.:	Click or tap here to enter text.