

Part V: Certification of Small MS4 Annual Report 2019**40 CFR 144.32(d) Certification**

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, I certify that 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.

Name:

Dr. Dean Shankle

Title:

Town Administrator

Signature:



Date:

09/27/19

[Signatory may be a duly authorized representative]