



**Minnesota Pollution
Control Agency**

520 Lafayette Road
St. Paul, MN 55155-4194

State Revolving Fund

One-year Certification Form
Minnesota Rules 7077.0288, Subp. 2.A.

Municipality Name: _____

Project Number: _____

Check the appropriate boxes for the project:

- ☐ 1) The project has been completed according to approved construction plans and specifications and change orders.
- ☐ 2) The municipality has a sufficient number of trained and capable personnel, including a wastewater treatment facility operator having a valid state certificate, to provide adequate operation and maintenance of the project, and the project requires only the operation and maintenance as is outlined as normal and routine in the approved operation and maintenance manual or maintenance plan.
- ☐ 3) The project accepts hydraulic and organic loading to the extent described in the approved design specifications and NPDES or SDS permit conditions.
- ☐ 4) The project facility meets the effluent limitations as assigned in the NPDES or SDS permit.
- ☐ 5) Nonresidential wastewater discharges to the treatment system do not interfere with the operation of the project, disposal, or use of septage or municipal sludges, and do not degrade ground water or surface water.
- ☐ 6) Septage treatment and disposal is accomplished in accordance with applicable state, federal, and local standards.
- ☐ 7) The project meets the requirements in the approved plans and specifications for the prevention of contamination of underground drinking water sources beyond the property boundary.

The certification shall include one copy of "as-built" plans and specifications on microfiche.

Certification

We certify that the project meets the performance standards listed above.

Print Authorized
Representative Name: _____

Print Professional
Engineer Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____