

(Form "CS" for proposed discharge into Combined Sewers)

## CAPACITY CERTIFICATION / ALLOCATION LETTER (CS) (This Form "CS" Must be Filled Out in its Entirety)

Engineer:
Engineer's Address:
Engineer's phone, fax and e-mail:
Owner:
Owner's Address:
Owner's phone, fax and e-mail:
Project Name:
Project Address:
I, (Name of Director), representing the GSWMD and GSD, in my capacity as
Director of each, have the authority to act on behalf of the GSD / GSWMD and certify that:
I have reviewed and understand the requirements of City of Gary Ordinance No. 79-31 An Ordinance Establishing a
Storm Water Management and Sediment Control Policy for the City of Gary, Indiana, the Gary Sanitary District Sewer
Use Ordinance, and any rules promulgated by the Board of Commissioners of the Gary Sanitary District and the Board
of Directors of the Gary Storm Water Management District, and that the storm water collection system proposed, by
(Owner) meets all applicable requirements. I certify that the storm water flow generated
in the area that will be collected by the system will not cause overflowing or bypassing in the combined sewer
collection system other than at NPDES authorized discharge points and that there is sufficient capacity in the receiving
water pollution treatment / control facility to treat the additional storm water flow and remain in compliance with
applicable NPDES permit effluent limitations. I certify that the proposed storm water flow will not result in hydraulic
or organic overload of the pollution treatment/control facility. I certify that the proposed storm water
treatment/collection system does not include new combined sewers, or new sanitary sewers. I certify that the ability
for this storm water treatment/collection system to comply with City of Gary Ordinance No.



79-31, the Gary Sanitary District Sewer Use Ordinance, and any rules promulgated by the Board of Commissioners of the Gary Sanitary District and the Board of Directors of the Gary Storm Water Management District is not contingent on water pollution/control facility construction that has not been completed and put into operation. I certify that the project meets the requirements of all applicable rules or laws, regulations, and ordinances. The information submitted is true, accurate, and complete, to the best of my knowledge and belief.

Storage Volume:		
(Volume based on maxir	num storage / minimum outflow possible)	
Wastewater Treatment Plant:		
	(Name of WWTP)	
Sewers:		
	(Owner of Sewers)	
	Director, GSD/GSWMD	
	Date Signed	