



(Form "STS" for proposed discharge into Storm Sewers)

**CAPACITY CERTIFICATION LETTER (STS)
(This Form "STS" 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 storm sewer collection system other than at authorized discharge points. 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 storm water treatment 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 maximum storage / minimum outflow possible)

Sewers: _____
(Owner of Sewers)

Director, GSD/GSWMD

Date Signed