



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

**CERTIFICATION OF REGISTERED PROFESSIONAL ENGINEER 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 Individual), representing the project Owner, in my capacity as a registered professional engineer \_\_\_\_\_ (Indiana Registration Number) certify the following under penalties for perjury:

The design of this project has been performed under my direction or supervision to assure conformance with 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 the plans and specifications require the construction of said project to be performed in conformance with said ordinances. Computations are provided that show that, at a minimum, the peak runoff rate after development for the 100-year return period does not exceed the 10-year pre-development peak runoff rate. Also, Best Management Practice (BMP) devices have been incorporated into this project that will treat, store and attenuate storm water to the maximum extent practicable prior to release into the storm sewer system. The design of the proposed project meets the requirements of all applicable rules, laws, regulations, and ordinances. The information submitted is true, accurate, and complete, to the best of my knowledge and belief.



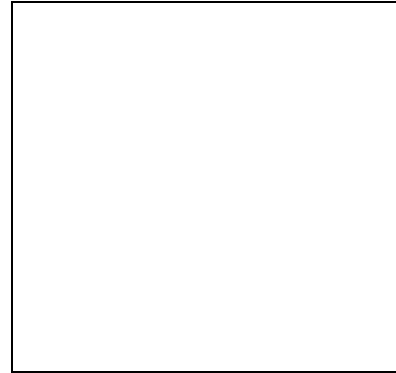
Pre-development Peak Runoff Rate (CFS): \_\_\_\_\_  
**(Based on 10-year return period)**

Post-development Peak Runoff Rate (CFS): \_\_\_\_\_  
**(Based on 100-year return period)**

\_\_\_\_\_  
**Signature of Person Signing**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date Signed**



(Certifier's Seal)