

TOWNSHIP OF BERNARDS
DEPARTMENT OF ENGINEERING SERVICES
 277 SOUTH MAPLE AVENUE
 BASKING RIDGE, NJ 07920-1441
 (908) 204-3018 [PRESS 5] • (908)204-3089 [FAX]

STORMWATER FACILITY CERTIFICATION

Owner Name	Mailing Address
Homeowner Association Name (Attach Association Registration Form or N/A)	
Phone Number	Email Address (optional)
Block & Lot	Stormwater Facility Street Address
Location of facility on property: (Please describe)	

Type of Stormwater Facility

- | | |
|--|--|
| <input type="checkbox"/> Infiltration (Drywell, Infiltration Trench) | <input type="checkbox"/> Retention (Pond) |
| <input type="checkbox"/> Detention (Basin, Tank, Pipe Storage) | <input type="checkbox"/> Manufactured Device |
| <input type="checkbox"/> Other (Describe or Attach Description) | |

Please describe any cleaning or repairs done: No cleaning or repairs needed

Do not submit correspondence in lieu of this certification. The certification must be signed by the homeowner/inspector.

- | | |
|--|---|
| <input type="checkbox"/> Property Owner Name | <input type="checkbox"/> Company/Agent Name |
|--|---|

Address	
Phone # or Email	
<p>I, _____, certify the stormwater facilities described above have been inspected, (print name) are being maintained in accordance with the facility's approved maintenance plan, if any, and are operating properly. I further certify maintenance records are on file and available upon demand for review by the Township.</p>	
_____ Signed	_____ Date

For Administrative Use Only

Annual Fee: \$200.00 (No fee for individual residential stormwater facilities of single family homes. HOAs that maintain any stormwater facilities must submit this fee.)	Check #	Date Received:	Received By:
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