MOA OMBDD Assentance Forms
MS4 SWPPP Acceptance Form - continued
V. Certification Statement - MS4 Official (principal executive officer or ranking elected official) or Duly Authorized Representative
I hereby certify that the final Stormwater Pollution Prevention Plan (SWPPP) for the construction project identified in question 5 has been reviewed and meets the substantive requirements in the SPDES General Permit For Stormwater Discharges from Municipal Separate Storm Sewer Systems (MS4s). Note: The MS4, through the acceptance of the SWPPP, assumes no responsibility for the accuracy and adequacy of the design included in the SWPPP. In addition, review and acceptance of the SWPPP by the MS4 does not relieve the owner/operator or their SWPPP preparer of responsibility or liability for errors or omissions in the plan.
Printed Name:
Title/Position:
Signature:
Date:
VI. Additional Information



### MS4 Stormwater Pollution Prevention Plan (SWPPP) Acceptance Form

for

To see to the second to the second at the con-	,			
I. Project Owner/Operator Information				
1. Owner/Operator Name:	Transmission Developers Inc.			
2. Contact Person:				
3. Street Address:	1301 Avenue of the Americas, 26th Floor			
4. City/State/Zip:	New York City, NY 10019			
II. Project Site Information	on			
5. Project/Site Name:	Champlain Hudson Power Express Segment 4 & 5 - Package 3			
6. Street Address:	CP Rail			
7. City/State/Zip: Wilton/NY/12831				
III. Stormwater Pollution	Prevention Plan (SWPPP) Review and Acceptance Information			
8. SWPPP Reviewed by:				
9. Title/Position:				
10. Date Final SWPPP Rev	/iewed and Accepted:			
IV. Regulated MS4 Inform	ation			
11. Name of MS4:				
12. MS4 SPDES Permit Identification Number: NYR20A				
13. Contact Person:				
14. Street Address:				
15. City/State/Zip:				
16. Telephone Number:				

MOA OMBDD Assentance Forms
MS4 SWPPP Acceptance Form - continued
V. Certification Statement - MS4 Official (principal executive officer or ranking elected official) or Duly Authorized Representative
I hereby certify that the final Stormwater Pollution Prevention Plan (SWPPP) for the construction project identified in question 5 has been reviewed and meets the substantive requirements in the SPDES General Permit For Stormwater Discharges from Municipal Separate Storm Sewer Systems (MS4s). Note: The MS4, through the acceptance of the SWPPP, assumes no responsibility for the accuracy and adequacy of the design included in the SWPPP. In addition, review and acceptance of the SWPPP by the MS4 does not relieve the owner/operator or their SWPPP preparer of responsibility or liability for errors or omissions in the plan.
Printed Name:
Title/Position:
Signature:
Date:
VI. Additional Information



### MS4 Stormwater Pollution Prevention Plan (SWPPP) Acceptance Form

for

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I. Project Owner/Operator Information				
1. Owner/Operator Name:	Transmission Developers Inc.			
2. Contact Person:				
3. Street Address:	1301 Avenue of the Americas, 26th Floor			
4. City/State/Zip:	New York City, NY 10019			
II. Project Site Information	on			
5. Project/Site Name:	Champlain Hudson Power Express Segment 4 & 5 - Package 3			
6. Street Address:	CP Rail			
7. City/State/Zip: Greenfield/NY/12435				
III. Stormwater Pollution	Prevention Plan (SWPPP) Review and Acceptance Information			
8. SWPPP Reviewed by:				
9. Title/Position:				
10. Date Final SWPPP Reviewed and Accepted:				
IV. Regulated MS4 Inform	ation			
11. Name of MS4:				
12. MS4 SPDES Permit Identification Number: NYR20A				
13. Contact Person:				
14. Street Address:				
15. City/State/Zip:				
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MOA OMBDD Assentance Forms
MS4 SWPPP Acceptance Form - continued
V. Certification Statement - MS4 Official (principal executive officer or ranking elected official) or Duly Authorized Representative
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Printed Name:
Title/Position:
Signature:
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VI. Additional Information



### MS4 Stormwater Pollution Prevention Plan (SWPPP) Acceptance Form

for

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I. Project Owner/Operator Information				
1. Owner/Operator Name:	Transmission Developers Inc.			
2. Contact Person:				
3. Street Address:	1301 Avenue of the Americas, 26th Floor			
4. City/State/Zip:	New York City, NY 10019			
II. Project Site Information	on			
5. Project/Site Name:	Champlain Hudson Power Express Segment 4 & 5 - Package 3			
6. Street Address:	CP Rail			
7. City/State/Zip: Saratoga Springs/NY/12866				
III. Stormwater Pollution	Prevention Plan (SWPPP) Review and Acceptance Information			
8. SWPPP Reviewed by:				
9. Title/Position:				
10. Date Final SWPPP Rev	/iewed and Accepted:			
IV. Regulated MS4 Inform	ation			
11. Name of MS4:				
12. MS4 SPDES Permit Identification Number: NYR20A				
13. Contact Person:				
14. Street Address:				
15. City/State/Zip:				
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MOA OMBDD Assentance Forms
MS4 SWPPP Acceptance Form - continued
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Printed Name:
Title/Position:
Signature:
Date:
VI. Additional Information



### MS4 Stormwater Pollution Prevention Plan (SWPPP) Acceptance Form

for

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I. Project Owner/Operator Information				
1. Owner/Operator Name:	Transmission Developers Inc.			
2. Contact Person:				
3. Street Address:	1301 Avenue of the Americas, 26th Floor			
4. City/State/Zip:	New York City, NY 10019			
II. Project Site Information	on			
5. Project/Site Name:	Champlain Hudson Power Express Segment 4 & 5 - Package 3			
6. Street Address:	CP Rail			
7. City/State/Zip: Milton/NY/12547				
III. Stormwater Pollution	Prevention Plan (SWPPP) Review and Acceptance Information			
8. SWPPP Reviewed by:				
9. Title/Position:				
10. Date Final SWPPP Rev	riewed and Accepted:			
IV. Regulated MS4 Inform	ation			
11. Name of MS4:				
12. MS4 SPDES Permit Identification Number: NYR20A				
13. Contact Person:				
14. Street Address:				
15. City/State/Zip:				
16. Telephone Number:				

MOA OMBDD Assentance Forms
MS4 SWPPP Acceptance Form - continued
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Printed Name:
Title/Position:
Signature:
Date:
VI. Additional Information



### MS4 Stormwater Pollution Prevention Plan (SWPPP) Acceptance Form

for

`					
I. Project Owner/Operator Information					
1. Owner/Operator Name:	r Name: Transmission Developers Inc.				
2. Contact Person:					
3. Street Address:	1301 Avenue of the Americas, 26th Floor				
4. City/State/Zip:	New York City, NY 10019				
II. Project Site Information	on				
5. Project/Site Name:	Champlain Hudson Power Express Segments 4 & 5 - Package 3				
6. Street Address:	CP Rail				
7. City/State/Zip: Village of Ballston Spa					
III. Stormwater Pollution	Prevention Plan (SWPPP) Review and Acceptance Information				
8. SWPPP Reviewed by:					
9. Title/Position:					
10. Date Final SWPPP Reviewed and Accepted:					
IV. Regulated MS4 Inform	ation				
11. Name of MS4:					
12. MS4 SPDES Permit Identification Number: NYR20A					
13. Contact Person:					
14. Street Address:					
15. City/State/Zip:					
16. Telephone Number:					

MOA OMBDD Assentance Forms
MS4 SWPPP Acceptance Form - continued
V. Certification Statement - MS4 Official (principal executive officer or ranking elected official) or Duly Authorized Representative
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Printed Name:
Title/Position:
Signature:
Date:
VI. Additional Information

#### Appendix I Notice of Termination (NOT)

#### New York State Department of Environmental Conservation

#### Division of Water 625 Broadway, 4th Floor

**Albany, New York 12233-3505** 

\*(NOTE: Submit completed form to address above)\*

#### NOTICE OF TERMINATION for Storm Water Discharges Authorized under the SPDES General Permit for Construction Activity

Please indicate your permit identification number: NYR		
I. Owner or Operator Information		
1. Owner/Operator Name:		
2. Street Address:		
3. City/State/Zip:		
4. Contact Person:	4a.Telephone:	
4b. Contact Person E-Mail:		
II. Project Site Information		
5. Project/Site Name:		
6. Street Address:		
7. City/Zip:		
8. County:		
III. Reason for Termination		
9a. □ All disturbed areas have achieved final stabilization in accordance with the general permit and SWPPP. *Date final stabilization completed (month/year):		
9b.   Permit coverage has been transferred to new owner/operator. Indicate new owner/operator's permit identification number: NYR		
9c. □ Other (Explain on Page 2)		
IV. Final Site Information:		
10a. Did this construction activity require the development of a SWPPP that includes post-construction stormwater management practices? □ yes □ no (If no, go to question 10f.)		
10b. Have all post-construction stormwater management practices included in the final SWPPP been constructed? □ yes □ no (If no, explain on Page 2)		
10c. Identify the entity responsible for long-term operation and maintenance of practice(s)?		

#### NOTICE OF TERMINATION for Storm Water Discharges Authorized under the **SPDES General Permit for Construction Activity - continued** 10d. Has the entity responsible for long-term operation and maintenance been given a copy of the operation and maintenance plan required by the general permit? □ yes 10e. Indicate the method used to ensure long-term operation and maintenance of the post-construction stormwater management practice(s): □ Post-construction stormwater management practice(s) and any right-of-way(s) needed to maintain practice(s) have been deeded to the municipality. □ Executed maintenance agreement is in place with the municipality that will maintain the post-construction stormwater management practice(s). □ For post-construction stormwater management practices that are privately owned, a mechanism is in place that requires operation and maintenance of the practice(s) in accordance with the operation and maintenance plan, such as a deed covenant in the owner or operator's deed of record. □ For post-construction stormwater management practices that are owned by a public or private institution (e.g. school, university or hospital), government agency or authority, or public utility; policy and procedures are in place that ensures operation and maintenance of the practice(s) in accordance with the operation and maintenance plan. 10f. Provide the total area of impervious surface (i.e. roof, pavement, concrete, gravel, etc.) constructed within the disturbance area? (acres) 11. Is this project subject to the requirements of a regulated, traditional land use control MS4? (If Yes, complete section VI - "MS4 Acceptance" statement V. Additional Information/Explanation: (Use this section to answer questions 9c. and 10b., if applicable) VI. MS4 Acceptance - MS4 Official (principal executive officer or ranking elected official) or Duly Authorized Representative (Note: Not required when 9b. is checked -transfer of coverage) I have determined that it is acceptable for the owner or operator of the construction project identified in

Date:

question 5 to submit the Notice of Termination at this time.

Printed Name:
Title/Position:

Signature:

### NOTICE OF TERMINATION for Storm Water Discharges Authorized under the SPDES General Permit for Construction Activity - continued

VII. Qualified Inspector Certification - Final Stabilization:

I hereby certify that all disturbed areas have achieved final stabilization as of the general permit, and that all temporary, structural erosion and sedim been removed. Furthermore, I understand that certifying false, incorrect of violation of the referenced permit and the laws of the State of New York a criminal, civil and/or administrative proceedings.	nent control measures have or inaccurate information is a	
Printed Name:		
Title/Position:		
Signature:	Date:	
VIII. Qualified Inspector Certification - Post-construction Stormwater Management Practice(s):		
I hereby certify that all post-construction stormwater management practices have been constructed in conformance with the SWPPP. Furthermore, I understand that certifying false, incorrect or inaccurate information is a violation of the referenced permit and the laws of the State of New York and could subject me to criminal, civil and/or administrative proceedings.		
Printed Name:		
Title/Position:		
Signature:	Date:	
IX. Owner or Operator Certification		
I hereby certify that this document was prepared by me or under my direction or supervision. My determination, based upon my inquiry of the person(s) who managed the construction activity, or those persons directly responsible for gathering the information, is that the information provided in this document is true, accurate and complete. Furthermore, I understand that certifying false, incorrect or inaccurate information is a violation of the referenced permit and the laws of the State of New York and could subject me to criminal, civil and/or administrative proceedings.		
Printed Name:		
Title/Position:		
Signature:	Date:	

(NYS DEC Notice of Termination - January 2015)