

**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

<i>*Do not submit correspondence in lieu of this certification. The certification must be signed by the inspector.</i>	
<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> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signed <span style="float: right;">Date</span></p>	

*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:
--	---------	----------------	--------------