

I,		, a Professional Engineer duly
licensed to practice in the State of recorded with Storm Water Quali constructed and in place as origin	f Texas do her ty Permit # nally designed	reby certify that the structural components appear to still be d and still perform as per the Storm Wate
Quality Management Plan of the p		••
Name:		
City:	State:	Zip:
Phone Number:		Fax Number:
E-mail, (if available):		
Engineer's Seal and Signature:		
Date:		

Project Name: \_\_\_\_\_

Project Description:

Project Location:

Once executed, please return the original certification, along with your original SWQ renewal application, to:

City of Houston Department of Public Works and Engineering Storm Water Quality Engineer 1002 Washington Ave., 2<sup>nd</sup> Floor Houston, Texas 77002

Permit #: \_\_\_\_\_