



STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

DIVISION OF WATERSHED STEWARDSHIP
ENTERPRISE BUSINESS PARK
285 BEISER BOULEVARD, SUITE 102
DOVER, DELAWARE 19904

SEDIMENT AND STORMWATER PROGRAM

**PHONE (302) 739- 9921
FAX (302) 739-6724**

**Application for
Sediment and Stormwater Management
Third Party Certified Construction Reviewer**

Project Name: _____
Project Number: _____
Project NOI: _____
Project Location: _____
Date: _____

Owner Information

Owner: _____
Company Name: _____
Telephone: _____
Email Address: _____

Owner/Developer Certification

“I/We understand the conditions imposed by the requirement of DNREC that a Sediment and Stormwater Certified Construction Reviewer be present on site for the purpose of ensuring the adequacy of construction pursuant to the approved sediment and stormwater management plan and requirements of Section 6, Delaware Sediment and Stormwater Regulations.

I/We hereby authorize the right of entry for periodic site inspections by the Certified Construction Reviewer, State of Delaware Department of Natural Resources and Environmental Control Personnel and/or authorized agents.

I/We certify that the Certified Construction Reviewer employed for this site is not an employee of the owner or a contractor of the construction activity, excluding the site designer.”

Owner/Developer Signature

Date

Owner/Developer Printed Name

Third Party Certified Construction Reviewer Information

Third Party CCR: _____

Company Name: _____

Telephone: _____

Email Address: _____

CCR Number: _____

Third Party Certified Construction Reviewer Certification

“I understand the responsibilities required of me to perform the duties of Certified Construction Review as outlined in Delaware Sediment and Stormwater Regulations, subsection 6.3.

“I understand the site review procedures as required by DNREC, Division of Watershed Stewardship, Sediment and Stormwater Program.”

“I certify that I am a third party CCR and not an employee of the owner or a contractor of the construction activity, excluding the site designer.”

Certified Construction Reviewer Signature

Date

Certified Construction Reviewer Printed Name

Supervising Registered Delaware Professional Engineer Information

Licensed P.E. overseeing CCR: _____

Company Name: _____

Telephone: _____

Email Address: _____

PE License Number: _____

Professional Engineer Certification

“I understand the responsibilities of the Sediment and Stormwater Management Certified Construction Reviewer as outlined in Section 6, Delaware Sediment and Stormwater Regulations, including my responsibilities as the overseeing Professional Engineer and I agree that

_____ will work under my direction to provide sediment and stormwater management site review for this project as required by DNREC.”

Professional Engineer Signature

Date

Professional Engineer Printed Name

Application Approval

Approved by: _____

Date: _____

Title: _____