

**Planning & Development Dept. - Infrastructure Division**

155 Johnston St., P.O. Box 11706

Rock Hill, SC 29731

Phone No. 803.329.5515

Fax No. 803.329.7228 www.cityofrockhill.com



**ROCK HILL**  
SOUTH CAROLINA

**CO-PERMITTEE AGREEMENT**

PROJECT: \_\_\_\_\_

DATE: \_\_\_\_\_

All contractors and subcontractors identified in the plan as Co-permittees must sign a copy of the certification statement given below:

**“I certify by my signature below that a) for Sites that disturb 1 acre or more, I participated in the pre-construction meeting (onsite meeting if 10 acres or more is disturbed) with the individual who is responsible for the operational control of the Storm Water Pollution Prevention Plan (SWPPP); and b) I accept the terms and conditions of SWPPP as required by the general National Pollutant Discharge Elimination System (NPDES permit number SCR100000) issued to the Owner/Operator of the construction activity for which I have been contracted to perform construction related professional services. Further, by my signature below, I understand that I am becoming a Co-permittee to the general NPDES permit issued to the Owner/Operator of the facility for which I have been contracted to perform professional construction services. As a Co-permittee, I understand that I, and my company, as the case may be, am legally accountable to the SC Department of Health and Environmental Control (DHEC), under the authorities of the CWA and the SC Pollution Control Act, to ensure compliance with the terms and conditions of the SWPPP. I also understand that DHEC enforcement actions may be taken against any specific Co-permittee or combination of Co-permittees if the terms and conditions of the SWPPP are not met. Therefore, having understood the above information, I am signing this certification and am receiving Co-permittee status to the aforementioned general NPDES permit”**

\_\_\_\_\_  
Name of Co-permittee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company/Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
(Address of Company)

\_\_\_\_\_  
Activity Co-permittee responsible for

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Permit Holder/Owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company/Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
(Address of Company)

\_\_\_\_\_  
Activity Co-permittee responsible for

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
Date