

Operator Opt-Out Form for Electronic Stormwater Oversight Inspections as Authorized by Utah Code § 19-5-108.3(11)(c)

As the authorized representative of the permit listed below, I am submitting this form to formally notify Herriman City that our organization is electing to opt out of the electronic site inspection program established under Utah Code § 19-5-108.3.

We understand that under this law, electronic oversight inspections may be conducted using geo-located, time-stamped photographic documentation submitted by the permittee to Herriman City. These electronic inspections must clearly demonstrate compliance with all applicable permit requirements, including the proper installation and maintenance of best management practices (BMPs) as described in the Utah Construction General Permit (CGP) or Common Plan Permit (CPP), as applicable.

By opting out, we are choosing not to provide electronic site inspection documentation. We acknowledge that, in accordance with state law, this provides Herriman City with a documented reason to perform traditional on-site oversight inspections for the duration of our project.

This decision does not alter or remove any responsibilities required under the stormwater permit, including the requirement to conduct and document regular operator inspections as specified in CGP Part 4 or CPP Part 3, maintain an up-to-date SWPPP, and comply with all BMP implementation, maintenance, and documentation standards.

We also understand that we may opt back in to electronic site inspections at any time by notifying Herriman City and submitting the required photographic documentation.

Project/Permit Information:

Project Name: _____ Project Location: _____

UPDES Permit Number: _____ Operator/Company Name: _____

Operator Representative Name: _____ Title: _____

Phone: _____ Email: _____

Signature:

I hereby confirm that I am authorized to make this decision on behalf of the permittee and that I understand the implications of opting out of the electronic site inspection process.

Signature: _____

Date: _____