



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES
DOT&PF MSGP COVID-19 Certification

Facility Name: _____
APDES Tracking Number: AKR _____

I certify that this Storm Water Pollution Prevention Plan (SWPPP) and all attachments were prepared under my direction or supervision in accordance with a design to assure that qualified personnel properly gathered and evaluated the information submitted. Due to COVID-19 and travel restrictions, Section 2.3 was completed without a current on-site evaluation. Based on my inquiry of the person(s) who manage the airport and a review of the 2015 SWPPP for this facility, the information submitted is correct, to the best of my knowledge and belief.

Title: _____

Name (Print): _____

Signature: _____

Date: _____