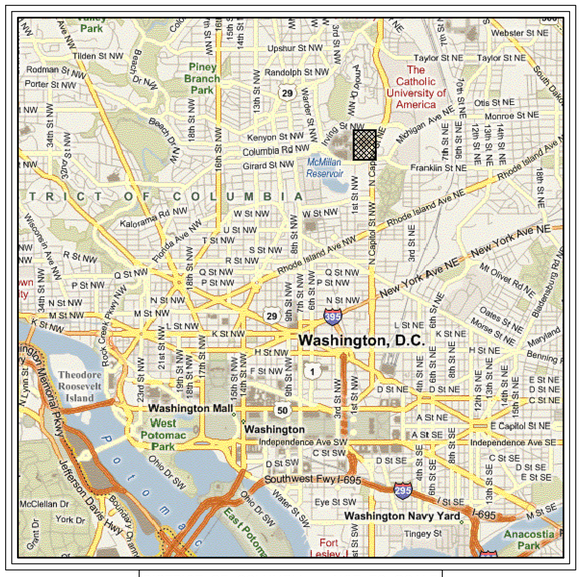
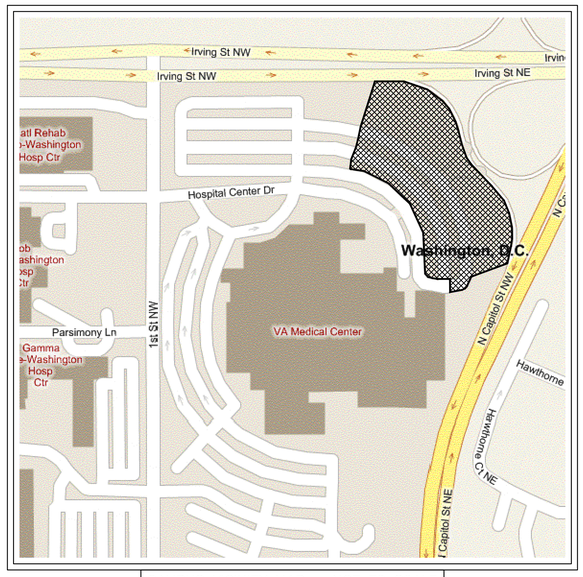
DOMICILIARY STORMWATER MANAGEMENT

DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

50 IRVING STREET NW
WASHINGTON DC 25405



DISTRICT OF COLUMBIA – NOT TO SCALE



CAMPUS VICINITY MAP – NOT TO SCALE

DRAWING LIST

SHEET NO.	SHEET TITLE
CI-001	COVER SHEET AND INDEX OF DRAWINGS
CU-100	SITE DEVELOPMENT PLAN VIEW
CU-101	STANDARD DETAILS
CU-102	SITE DEVELOPMENT DRAINAGE AREAS AND CALCULATIONS

AS-BUILT CERTIFICATION BY PROFESSIONAL ENGINEER

Within 21 days after completion of construction of the Stormwater discharge facility, please send this page to the Watershed Protection Division - Department of Health.

1. ***Stormwater discharge facility Information:***

Source Name:_____

Source Location: Street:_____

City:_____

DCRA Permit No.:_____

Date Issued:_____

2. ***As Built Certification***

I hereby certify that Stormwater discharge facility has been built substantially in accordance with the approved plans and specifications, and that any substantial deviations (noted below) will not prevent the system from functioning in compliance with the requirements of Section 526 through 535 of DCMR-21, Chapter 5 when properly maintained and operated. These determinations have been based upon on-site observation of construction, scheduled and conducted by me or by a project representative under my direct supervision. I have enclosed one set of as-built engineering drawings.

Signature of Engineer _____ Name (Please Type) D.C. Reg. No. _____

Affix Seal:

Company Name _____

Company Address _____

Date: _____ Phone No._____

Substantial deviations from the approved plans and specifications (attach additional sheets if required).

STATEMENT BY PERSON RESPONSIBLE FOR MAINTENANCE

The undersigned agrees to maintain and operate the discharge facilities in such a manner as to comply with the provisions of Section 526 through 535 of DCMR-21, Chapter 5. Responsibility for maintenance and operation may be transferred to another entity upon written notice to the Watershed Protection Division of the District Department of the Environment from the undersigned and the entity assuming responsibility, certifying that the transfer of responsibility for maintenance and operation in compliance with Section 526 through 535 of DCMR-21, Chapter 5 has been accepted.

Margaret Bedford
Signature of the person responsible for maintenance (it may be the applicant)

ODEAL SCOTT-BEDFORD, CHIEF FACILITIES MANAGEMENT SERVICE
Name and Title (please type)

50 IRVING STREET NW, WASHINGTON DC 20422
Address

Date 12/14/2009 Phone No. (202) 745-8221

STATEMENT BY PROFESSIONAL ENGINEER REGISTERED IN THE DISTRICT OF COLUMBIA

This is to certify that the engineering features of this stormwater discharge facility have been designed / examined by me and found to be in conformity with modern engineering principles applicable to the treatment and disposal of stormwater pollutants. I further certify that the facility has been designed in accordance with the specification required under Section 526 through 535 of DCMR-21, Chapter 5. It is also stated that the undersigned has furnished the applicant with a set of instructions for the maintenance and operation of the stormwater discharge facility.

Name and Title (please type) _____

Address _____

Date_____ Phone No: _____

Affix Seal:

Revisions:	Date

CONSULTANTS:

ARCHITECT/ENGINEERS:

HURON CONSULTING
20410 CENTURY BLVD
SUITE 230
GERMANTOWN, MD. 20874
PHONE: (301) 528-2010
FAX: (301) 528-0124
www.huroncon.com

Drawing Title: COVER SHEET AND INDEX OF DRAWINGS

Approved Project Director

Project Title: Washington DC VA Medical Center, 50 Irving Street, NW, Washington, DC 20422

Location: Washington DC

Date: December 2009 | Checked: REH | Drawn: RAF

Project Number: 805-100

Building Number: -

Drawing Number: CI-001

Dwg. 1 of 4

Office of Construction and Facilities Management

Department of Veterans Affairs

VA FORM 08-6231