MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2009

Name of MS4: Town of Babylon

SPDES ID: NYR20A043

Section 2 - Contact Information

Provide contact information for ***all*** of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

Submit a separate sheet for each contact.

For each contact, select all that apply:

- ● Signatory Authority (choose one of the following)
  - ○ Executive Officer or Ranking Elected Official
  - ● Duly Authorized Representative
- ● Local Stormwater Public Contact
- ● Stormwater Management Program (SWMP) Coordinator
- ● Report Preparer

First Name: Richard | MI: | Last Name: Groh

Title: Chief Environmental Analyst

Address: 281 Phelps Lane

City: North Babylon | State: NY | Zip: 11703-4045

eMail: rgroh@townofbabylon.com

Phone: (631) 422-7640 | County: Suffolk