APPENDIX C—QUALIFIED WETLAND SPECIALIST **STATEMENT**

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Technical Manual which accompanies it, a thereto. I affirmatively state that I meet the relation of will submit permit applications or review prordinance pertaining to Wetlands, including calculation of Buffer widths. I will use my export Wetland indicators in the Upper Midwest to projects submitted for my review in accordate to Persons providing similar services in the substantial conformance with the ordinance	nd the Kane County Stormwater Ordinance and the and will obtain, read and abide by any amendments equirements set forth in Article XIV of the ordinance. Projects for compliance with those Sections of the ag, without limitation, Wetland delineation and the pertise in Wetland delineations or field identification at. I will exercise professional judgment with respect ance with the customary standard of care applicable as same or similar Communities in order to insure a lunderstand that failure to adequately discharge in loss of this status. It is my responsibility to provide ation provided.
	Signed
	SWSPCP PWS Number (if applicable)
	Telephone:
	Fax:
	Email:
	Employer:

(Attach a one-page summary of your qualifications under Article XIV of the ordinance.)