



CULVERT MAINTENANCE NOTIFICATION FORM

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Municipality:

Road Name

Crossing Location (distance from nearest utility pole #):

Stream Name (if any):

START DATE:

PROJECTED END DATE:
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Work conducted under this notification is in accordance with RSA 482-A:3, XVII through XIX.
Work shall only be conducted while the Certified Culvert Maintainer is present at the work site.

PROJECT DESCRIPTION:

THIS APPROVAL IS SUBJECT TO THE FOLLOWING CONDITIONS:

1. This notification is only valid if the work is overseen by a Certified Culvert Installer who has completed the Municipal Culvert Maintenance Certification Program.
2. Work conducted under this notification must be performed in accordance with the latest Routine Roadway Maintenance Activities published by New Hampshire Department of Transportation and the New Hampshire Department of Environmental Services.
3. Best Management Practices shall be implemented throughout the duration of the project and until the work site is fully stabilized.

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**BY SIGNING I HEREBY CERTIFY THAT I HAVE COMPLETED THE MUNICIPAL
CULVERT MAINTENANCE CERTIFICATION PROGRAM AND AGREE TO ABIDE BY ALL
RESTRICTIONS AND RESPONSIBILITIES THAT ARE ASSOCIATED WITH THAT
CERTIFICATION.**

MAINTAINER'S SIGNATURE (required)

CONTRACTOR'S SIGNATURE (required)

If there are any questions please contact the Sponsor of this project at _____