

ZERO DISCHARGE CERTIFICATION STATEMENT

Company Name: _____

Address: _____

NO DISCHARGE OF PROCESS WASTEWATER OCCURRED AT THIS FACILITY
DURING THE PERIOD JANUARY 1 _____ THROUGH JUNE 30 _____.
Year Year

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE

PRINT NAME

DATE