Industrial Pretreatment

NO INDUSTRIAL WASTEWATER DISCHARGE CERTIFICATION

For the period of ________ to ________, I, ____________________________, an
(mmm/dd/yyyy)      (mm/dd/yy)      (name)
authorized representative of ____________________________, do certify that no
(company name)
industrial wastewater was discharged to the POTW.

“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, 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.”

_________________________________________           __________
Authorized Representative Signature                      Date