



NON-DISCHARGE CERTIFICATION STATEMENT

Company: _____

Permit Number: _____ Name of process (sample location): _____

Reporting Period: January – June _____

(Check one)

 July – December _____

 Year: _____

Or specific time period: _____

I certify there has been no discharge of wastewater from the permitted categorical process or industrial water use process described above, during the above marked reporting period. I certify under penalty of law that this document and all attachments were properly 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 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 known violations.

Signature

Title

Date

SUBMIT THIS FORM TO:

Upper Blackstone Clean Water
50 Route 20
Millbury, MA 01527

ATTN: Pretreatment Coordinator