

UPPER BLACKSTONE WATER POLLUTION ABATEMENT DISTRICT



Engineer - Director / Treasurer Karla H. Sangrey, P.E.

NON-DISCHARGE CERTIFICATION STATEMENT

Company: _____

Permit Number: _____ Name of process: _____

Reporting Period: January – June _____

(Check one)

 July – December _____

 Year: _____

I certify there has been no discharge of wastewater from the permitted categorical process during the above marked reporting period. I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a gather and evaluation 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 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	Title	Date
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