

# ANNUAL ZERO DISCHARGE CERTIFICATION STATEMENT

Name of Business: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**(IMPORTANT! Sign EITHER Statement 1 or 2 below. Do NOT sign both)**

## **Statement 1**

For the period ending \_\_\_\_\_, of 20\_\_\_\_, I certify that the above named facility **HAS CONSISTENTLY COMPLIED** with the terms and conditions of the Zero Discharge Permit and **HAS NOT DISCHARGED** any process wastes to the sanitary sewer system. I further certify that, to the best of my knowledge and belief, **ALL** wastewater processes, other than human wastes, are disconnected from the sanitary sewer system, and all employees involved with the process or who handle solvents and wastes have been trained to prevent contaminated wastes from reaching the sanitary sewer system.

\_\_\_\_\_  
Name (Print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature (Owner, corporate officer, manager)

\_\_\_\_\_  
Date

**\*\*\*\*\* OR \*\*\*\*\***

## **Statement 2**

For the period ending \_\_\_\_\_, of 20\_\_\_\_, I certify that the above named facility **HAS NOT CONSISTENTLY COMPLIED**, for any reason whatsoever, with the terms and conditions of the Zero Discharge Permit. Additional measures have been implemented or will be implemented as soon as possible, to ensure compliance with all requirements of the Zero Discharge Permit. A description of each instance of noncompliance and corrective action is attached or on file with the City. I understand that this statement in no way releases my firm from administrative and/or legal actions that may be taken by the City, or other State or Federal agencies.

\_\_\_\_\_  
Name (Print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature (Owner, corporate officer, manager)

\_\_\_\_\_  
Date