

**SANITARY DISTRICT OF DECATUR ILLINOIS
SLUDGE DISPOSAL PRACTICES CERTIFICATION FORM**

INDUSTRIAL USER: _____

ADDRESS: _____

SDD DISCHARGE PERMIT NUMBER: _____

DATE: _____

STATEMENT OF CERTIFICATION

“Based on my inquiry of the person or persons directly responsible for disposal of sludge from pretreatment or other processes, I certify that, to the best of my knowledge and belief, this facility disposes of sludge in a manner consistent with limitations provided for in Local, State, and Federal regulations.”

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

PRINTED NAME AND TITLE OF REPRESENTATIVE:
