

**SANITARY DISTRICT OF DECATUR ILLINOIS
TANK WASH CERTIFICATION FORM**

INDUSTRIAL USER: _____
SITE ADDRESS: _____ _____
SDD DISCHARGE PERMIT NUMBER: _____
DATE: _____

STATEMENT OF CERTIFICATION

“Based on my inquiry of the person or persons directly responsible for managing compliance with this permit and Sanitary District of Decatur (SDD) Ordinances 94-01 and 02-23, I certify that, to the best of my knowledge and belief, no railcars were washed out at this facility that contained residues of materials defined as hazardous by the resource conservation and recovery act, or expressly prohibited by the SDD, since filing of the last certificate. I also certify that details about all railcars washed at this facility have been recorded in a daily log book, which is kept at the above address and shall be ~~available~~ available for inspection, on demand, by representatives of the Sanitary District of Decatur at any reasonable time.”

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

PRINTED NAME AND TITLE OF REPRESENTATIVE:
