

# ZERO PROCESS WASTEWATER DISCHARGE CERTIFICATION

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

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

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

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

Return this Certification to: Sanitary District of Decatur  
Attn. Pretreatment Coordinator  
501 S. Dipper Lane  
Decatur, IL 62522

## **Statement 1**

"For the period ending December 31<sup>st</sup> 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 or combined 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 sewer system and all employees involved with the processes 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 Date  
(Owner, principal executive officer, or duly authorized representative)

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

## **Statement 2**

"For the period ending December 31<sup>st</sup>, 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 District. I understand that this statement in no way releases my firm from administrative and/or legal actions that may be taken by the District, the municipality, or other State or Federal agencies.

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

\_\_\_\_\_  
Signature Date  
(Owner, principal executive officer, or duly authorized representative)