

## ZERO DISCHARGE OF PROCESS WASTEWATER 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 month of \_\_\_\_\_, 20\_\_\_\_ I certify that the above named facility HAS CONSISTENTLY COMPLIED with the terms and conditions of Permit #\_\_\_\_ and HAS NOT DISCHARGED any process wastewater to the sewer system. Further certify that, to the best of my knowledge and belief, ALL wastewater generating processes are disconnected from the sewer system and all employees involved with the wash process have been trained to prevent process wastewater from reaching the sewer system."

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

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

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

### **Statement 2**

"For the month of \_\_\_\_\_, 20\_\_\_\_ I certify that the above named facility has been discharging process wastewater into the sewer system. A description of the duration and quantity of discharge, as well as daily water meter readings for the period when wastewater was being discharged, is attached."

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

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