



40 CFR 437 PERIODIC (ANNUAL) CERTIFICATION STATEMENT

PERMITTED FACILITY: _____

PERMIT NUMBER: _____

DISCHARGE ADDRESS: _____

PHONE NUMBER: _____

- | | | |
|---|-----|----|
| | Yes | No |
| 1. Is this facility operating the treatment system to provide equivalent treatment as set forth in the submitted <i>Initial Certification Statement</i> ? | | |
| 2. Has this facility modified its treatment system from the time of the <i>Initial Certification Statement</i> ? | Yes | No |

If the answer to question #2 is yes, supply information detailing the modifications to the treatment system, and supporting data establishing that these modified treatment systems will achieve equivalent treatment.

Supporting data attached.

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations."

PREPARED BY:

Signature

Date

Printed Name and Title

CERTIFYING EXECUTIVE OFFICER:

Signature

Date

Printed Name and Title

Municipal Code requires that this certification statement, and any other reports required by the Director shall be signed by an Executive Officer of the business filing. Such Executive Officer shall be at least of the level of Vice President, General Partner, President, or an individual responsible for the overall operation of the facility applying for the Permit or meet the Federal requirements for NPDES applications as contained in Title 40 of the Code of Federal Regulations.