



CERTIFICATION OF NON-SIGNIFICANT CATEGORICAL INDUSTRIAL USER STATUS

PERMITTED FACILITY NAME: _____

PERMIT NUMBER: _____

DISCHARGE ADDRESS: _____

Based on my inquiry of the person or persons directly responsible for managing compliance with the categorical Pretreatment Standards under 40 CFR _____, I certify that, to the best of my knowledge and belief that during the reporting period from (ex. MM/DD/YYYY) _____ to _____ :

The facility described as (NAME OF FACILITY above) met the definition of a non-significant categorical Industrial User as described in 40 CFR 403.3(v)(2);

The facility complied with all applicable Pretreatment Standards and requirements during this reporting period; and

The facility never discharged more than 100 gallons of total categorical wastewater on any given day during this reporting period.

This compliance certification is based upon the above and following information:

Daily flow readings/logs enclosed with the Self Monitoring Report; and

The facility (NAME OF FACILITY above) never discharged any untreated concentrated wastewater during the reporting period.

Other (describe):

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND CERTIFIED BY AN EXECUTIVE OFFICER

Municipal Code requires that reports required by the Director shall be signed by an Executive Officer of the business filing the application. 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 Code of Federal Regulations, Title 40 Protection of the Environment, Part 403.12(l).

CERTIFYING OFFICIAL:

Signature

Date

Printed Name and Title