



Zero Discharge Certification Report

Company Name: _____ Permit Number: _____

Address: _____

Reporting Period: January 1 to June 30 July 1 to December 31

I certify that, to the best of my knowledge and belief, the above named Company (Industrial User) **has consistently complied** with the terms and conditions of the Industrial User Permit (Zero Discharge Permit) and **has not discharged** any process and/or process related Wastewater that is regulated under the Permit within the last reporting period.

I further certify that, to the best of my knowledge and belief, **ALL** process and process related wastewater, other than discharges authorized by the Permit, are disconnected from the sanitary 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.

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 directly responsible for gathering the information, the information 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 and imprisonment for knowing violations.

Signature of Duly Authorized Representative

Date

Printed Name

Title

NOTE: This report is due by January 15th and July 15th of each year; however, the certification report CANNOT be submitted before the reporting period has ended.

Please submit reports to:

**City of Chandler
Public Works & Utilities
Wastewater Quality, Industrial Pretreatment Program
Mail Stop 396, PO Box 4008
Chandler, AZ 85244-4008**