

NON-DISCHARGE CERTIFICATION STATEMENT

Company Name:			
Permit Number:	Name of proce	ess (sample location):	
Reporting Period: (Check one)	January – June July – December Year		
Or specific time peri	od:		
industrial water use punder penalty of law direction or supervise properly gather and persons who manage information submitted am aware that there	orocess described above that this document a ion in accordance with evaluate the information of the system, or the dis, to the best of my	ve, during the above mark and all attachments were h a system designed to a ion submitted. Based or nose responsible for gay knowledge and belief, to alties for submitting fal-	mitted categorical process or ked reporting period. I certify a properly prepared under my ssure that qualified personnel a my inquiry of the person or thering the information, the rue, accurate, and complete. I se information including the
Signa	ture	Title	Date
	SUBMI	T THIS FORM TO:	
	* *	ackstone Clean Water 50 Route 20	

ATTN: Pretreatment Department

Phone: 508-755-1286 Fax: 508-755-1289

Millbury, MA 01527