

## PRINTER/SCREEN PRINTERS CERTIFICATION STATEMENT

Company Name:			
Permit Number:	Name of proce	ss (sample location):	
Reporting Period: (Check one)	July – December		
Or specific time perio	od:		
the Screen Printing S knowledge and belief since filing the last d	creen Reclaiming and f, no dumping of conceischarge monitoring re	ns directly responsible for Cleaning Process, I certify entrated cleaners into the way port. I further certify that eclaiming and Cleaning Processing Proc	vastewaters has occurred this facility is
Signat	ture	Title	Date
	SUBMIT	T THIS FORM TO:	
	5	ckstone Clean Water 50 Route 20 oury, MA 01527	

ATTN: Pretreatment Department

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