ZERO DISCHARGE 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 ensure that qualified personnel properly gather and evaluate the information submitted. On the basis of my inquiry of the person or 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 and/or imprisonment for knowing violations.

I certify to the best of knowledge and belief, only sanitary wastewater was discharged from this facility during the last reporting period.

COMPANY NAME

COMPANY OFFICAL

Company Official (printed name & title)

PERMIT NUMBER

DATE OF SUBMITTAL