



USD TREAT
PROTECT
PRESERVE
est. 1918
TRI-CITY WASTEWATER

SELF MONITORING CERTIFICATION STATEMENT

Company Name: _____
 Sewer Authority Name: Union Sanitary District
 Report Date: _____
 Period Covered by this Report: _____

Person to contact concerning information contained in this report:

Name: _____
 Title: _____
 Mailing Address: _____
 Telephone #: _____
 Fax #: _____
 Email: _____

CERTIFICATION STATEMENT:

Based on my personal review or inquiry of the person or persons directly responsible for managing compliance with the categorical Pretreatment Standards under 40 CFR ____, Local Limits or BMPs, I certify that, to the best of my knowledge and belief that during the period from _____, to _____, ____ (mm/dd/yyyy): the information recorded is true, accurate, and complete and is available for inspection upon request. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Date

Signature of Official

Name of Official

Title