

# PERIODIC REPORT OF CONTINUED COMPLIANCE COVER SHEET

**THIS COVER SHEET MUST ACCOMPANY THE REPORT**

Company Name: \_\_\_\_\_  
Sewer Authority Name: UNION SANITARY DISTRICT  
Report Date: \_\_\_\_\_  
Period Covered by this Report:  January 1 to June 30  
 July 1 to December 31

Person to contact concerning information contained in this report:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**CERTIFICATION STATEMENT:** (See PRCC Attachment A)

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 who manage the system, or those 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 imprisonment for knowing violations.

I further certify that the sampling and analyses performed for and submitted with this report are representative of normal work cycles and expected pollutant discharges and conform to EPA 40 CFR 136 requirements.

_____ Print Name of Official	_____ Signature of Official
_____ Title	_____ Date