

Attachment A

Zero Process Wastewater Discharge Certification

For the Six (6) Month Period from

_____ to _____

Company Name: _____

Address: _____

RETURN TO:
Narragansett Bay Commission
Pretreatment Program
2 Ernest Street
Providence, RI 02905-5502

I, _____, as authorized representative of _____, do hereby decree that no process wastewater was discharged into the Narragansett Bay Commission sewer system for the past six (6) month period.

Date of Meter Readings: _____

<u>Meter Number</u>	<u>Water Meter Readings</u>	<u>Units (cf, gal.)</u>
Meter #1	_____	_____
Meter #2	_____	_____
Meter #3	_____	_____

I certify under penalty of law that this document and all attachments were properly 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 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 known violations.

Authorized Representative Signature

Date