

## Zero Process Wastewater Discharge Certification

For the Month of \_\_\_\_\_, 20\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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 knowing violations.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date