



DISCHARGE PREVENTION COMPLIANCE REPORT

Annual Certification for Non-Significant Categorical Industrial Users

Facility Name: _____ Industrial Category: _____

Facility Address: _____
Street Address City Zip Code

Telephone Number: _____ Permit Number: _____

Complete this form based on the most recent period of July 1st to June 30th:

NSCIU Certification: Based on my inquiry of the person or persons directly responsible for managing compliance with the categorical Pretreatment Standards under 40 CFR ____, I certify that, to the best of my knowledge and belief that during the period from ___/___/___ to ___/___/___:

1. The facility described as _____ (facility name) met the definition of a Non-Significant Categorical Industrial User as described in Code of Federal Regulations, title 40, section 403.3(v)(2);
2. The facility complied with all applicable Pretreatment Standards and requirements during this reporting period; and
3. The facility never discharged more than 100 gallons of total categorical wastewater on any given day during this reporting period.

Zero Discharger Certification: *If applicable*, also check the box below and fill out reporting period dates:

I certify that, to the best of my knowledge and belief that during the period from ___/___/___ to ___/___/___ the facility did not discharge into the sanitary sewer any process wastewater, defined as any water which, during manufacturing or processing, comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, or waste product. I further certify that no discharge of hazardous waste, as defined by Section 25117 of the Health and Safety Code, or dumping of concentrated toxic organics into the sanitary sewer has occurred since filing the last annual certification.

This compliance certification is based upon the following information. Also provide information regarding any changes to your premises, processes or operations which did, or have the potential to, alter wastewater discharges from your facility (attach additional pages if needed):

Additional Documentation

- Attach all hazardous waste off-haul record (manifests) for the twelve-month reporting period.
- Complete and submit the attached form (Water Balance/Strength Summary).

Signatory Requirement

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.

Name (Please print) Title

Signature * Date

* This document must be signed by an individual authorized by 40 CFR 403.12(1). See back page for signatory criteria.



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Signatory Criteria

1. A responsible corporate officer, if the permit holder submitting this certification form is a corporation. For the purpose of this paragraph, a responsible corporate officer means:
 - a) a president, secretary, treasurer, or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation; or
 - b) the manager of one or more manufacturing, production, or operating facilities, if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures and the manager is authorized to make management decisions which govern the operation of the regulated facility and meets the other requirements of 40 CFR 403.12(1)(1)(ii);
2. A general partner or proprietor if the permit holder submitting this certification form is a partnership or sole proprietorship, respectively; or
3. A duly authorized representative of the individual designated in paragraph (1) or (2) above, if:
 - a) the authorization is made in writing by the individual designated in paragraph (1) or (2);
 - b) the authorization specifies either an individual or a position having responsibility for the overall operation of the permitted facility, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and
 - c) the written authorization is submitted to EBMUD.

If an authorization under paragraph (3) above is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of paragraph (3) must be submitted to EBMUD prior to or together with any reports to be signed by an authorized representative.

Return Address:

East Bay Municipal Utility District
Environmental Services Division, MS 702
P. O. Box 24055
Oakland, CA 94623-1055