



Payson City Corporation WWTP  
Pretreatment Program

**SEMI-ANNUAL ZERO DISCHARGE CERTIFICATION STATEMENT**

**Permit Number:** \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_

**Address of Premises:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ Title: \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**\*\* IMPORTANT: Sign EITHER Statement 1 or 2 below. DO NOT SIGN BOTH!**

**Statement 1**

For the period ending \_\_\_\_\_, of 20 \_\_\_\_, I certify that the above named facility **HAS CONSISTENTLY COMPLIED** with the terms and conditions of \_\_\_\_\_ and **HAS NOT DISCHARGED** any process wastes to the sanitary sewer system.

Authorized Representative of Permittee

_____	_____
Printed Name	Title
_____	_____
Signature	Date of Signing

**\*\*\* OR \*\*\***

**Statement 2**

For the period ending \_\_\_\_\_, of 20 \_\_\_\_, I certify that the above named facility **HAS NOT CONSISTENTLY COMPLIED**, for any reason whatsoever, with the terms and conditions of Outfall 001. Additional measures have been implemented or will be implemented as soon as possible, to ensure compliance with all requirements of the \_\_\_\_\_ requirements. A description of each instance of noncompliance and corrective action is attached or on file with Payson City Pretreatment Coordinator. I understand that this statement in no way releases my firm from administrative and/or legal actions that may be taken by the Payson City, or other applicable State or Federal agencies.

Authorized Representative of Permittee

_____	_____
Printed Name	Title
_____	_____
Signature	Date of Signing