

# PRETREATMENT REPORT CERTIFICATION

Facility Name: \_\_\_\_\_

IUP No: \_\_\_\_\_

Pipe No: \_\_\_\_\_

Facility Status (please check one of the following):

- COMPLIANT – All monitoring data and sampling frequencies meet permit requirements
  
- NON-COMPLIANT – All monitoring data and/or sampling frequencies do NOT meet permit requirements

*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 fines and imprisonment for knowing violations.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name of Official