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**Industrial Pretreatment Program**  
**Semi-Annual Zero Discharge**  
**Certification Statement**

**Reporting Period:** \_\_\_\_\_

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

**Service Address:** \_\_\_\_\_

**I certify that the above-named facility has consistently complied with the terms and conditions of the Zero Discharge Permit and has not discharged any process wastewater to the sanitary sewer system. I further certify that, to the best of my knowledge, all process wastewater lines have been disconnected from the sanitary sewer system, and all employees involved with the process or who handle solvents and wastes have been trained to prevent process wastes from reaching the sanitary sewer system.**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Notary Public Signature**

\_\_\_\_\_  
**Date**