## ZERO DISCHARGE CERTIFICATION

City of San Diego Public Utilities Dept Industrial Wastewater Control Program 9192 Topaz Way, San Diego, CA 92123-1119 Tel (858) 654-4100 Fax (858) 654-4110

Applicability: These instructions apply to any industry whose Industrial User Discharge Permit Attachment B, Self Monitoring and Reporting Requirements, includes "Certify zero discharge". To report compliance with this requirement, the following statement must be submitted, signed as required in the permit under STANDARD CONDITIONS, **Signatory Requirements**.

## **Disposal**

For information regarding the lawful disposal of hazardous wastes, refer to "Hazardous Waste Requirements", a bulletin available from the County of San Diego Department of Environmental Health, Hazardous Materials Division (HMD). If you generate small volumes of waste, you may wish to contact HMD duty desk (phone 619-338-2231) to determine the storage time allowed prior to disposal pursuant to state regulations.

## **Notification of Accidental Discharges**

Accidental discharge of any pollutant having a flash point of less than 140 degrees Fahrenheit, any toxic pollutant, or any pollutant which may generate toxic gases, vapors, or fumes when mixed with water, must be reported to this office immediately. See <u>STANDARD CONDITIONS</u>, **D.** <u>Accidental Discharge Report</u>, in your permit, for further details of notification requirements.

## ZERO DISCHARGE CERTIFICATION STATEMENT

Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitations, I certify that to the best of my knowledge and belief, **no discharge to sewer of EPA regulated wastewaters occurred** during the monitoring period covered by this report. I am aware of the potential for significant penalties for submission of false information, including the possibility of fines and imprisonment for knowing violations. I will retain copies of all manifests and/or waste hauler receipts on-site for no less than 3 years and make them available to IWCP personnel upon request.

facility number co	nn report due date	monitoring period (see permit)
Print Name	Title	
Signature (Attach to Industry Self-Monitoring Forn	Date	