CWA AUTHORITY, INC.
2020 N. Meridian St. | Indianapolis, IN | 46202

INDUSTRIAL DISCHARGE PERMIT APPLICATION CHECKLIST

The following items must be included with this permit application:

- ☐ Completed Application and any supporting documents, including Safety Data Sheets
- ☐ Line diagram of showing the flow of the water into, through, and all wastewater discharged from any processes and wastewater treatment to the Authority's sewer system. Please note that the sum of all water into and discharged from the facility should sum zero.
- ☐ Non-Categorical "Local" Discharge Limit Monitoring Waiver Request (if seeking)
- ☐ Completed Hazardous Waste Statement
- ☐ Original Signature on Completed Application by Authorized Representative

Failure to fully complete all sections of this application may result in a delay of permit processing. However, certain items in this application will not apply to all industries. Please note such cases by entering "N/A" in the appropriate blank.

Parts D – F (Water Intake and discharge information) in this application must be completed. Actual metered figures should be used if at all possible. Estimated usage may be substituted where information is not available.

Until December 31, 2026, a $150.00 industrial discharge application fee (fee) is due upon submittal of a completed application. This fee will be applied to the permittee's sewer bill if an existing customer. For a new applicant, the fee should be submitted via check made payable to CWA Authority, Inc. and mailed to the address below.

Applications received and Industrial Discharge Permits issued on or after January 1, 2027, will be assessed fees as described in the following table.

Table 1.11 - Fees

Type of Approval	**Fee**	**Frequency of Fee**
Industrial Discharge Permit – Initial	$5,000	One-time
Industrial Discharge Permit - Modification	$2,000	One-time
Industrial Discharge Permit – Administrative Change (including ownership transfer or name change)	$250	One-time
Industrial Discharge Permit – Renewal	$1,500	Every 5 years
Sampling and Analysis of the User's discharge by CWA Authority as required by 40 CFR Part 403	*Lab Analytical Costs with No markup*	As incurred

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INDUSTRIAL DISCHARGE PERMIT APPLICATION

To be considered complete, this application must be submitted with an original signature by the Authorized Representative and delivered to the Authority no later than *sixty (60) days prior to the expiration of an existing permit*. New permittees or existing permit holders seeking modifications to their permit must also allow no less than sixty (60) days following submittal of a complete application for the issuance of a new or modified permit.

A courtesy copy of the completed Industrial Discharge permit application may be submitted via e-mail to Pretreatment@Citizensenergygroup.com; however, **the Authority will not consider the application to be complete without the signed original application submitted at least sixty (60) days prior to the expiration of the current permit**. The application with the original signature must be mailed to:

CWA Authority, Inc.
ATTN: Environmental Stewardship
2020 North Meridian Street
Indianapolis, IN 46202

If you have any questions regarding the completion of this permit application, please e-mail Pretreatment@CitizensEnergyGroup.com or your assigned Industrial Pretreatment Program inspector.

[SECTION BREAK IN NEXT LINE]

CWA AUTHORITY, INC.
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INDUSTRIAL DISCHARGE PERMIT APPLICATION

CWA Authority, Inc. (the "Authority") is the owner and operator of the wastewater collection and treatment system in the Indianapolis sanitary sewer system (the "System"). Through approvals and delegations by the United States Environmental Protection Agency and the Indiana Department of Environmental Management, the Authority is charged with monitoring and control over the indirect discharge of pollutants to the Authority's System. All pertinent information related to the Industrial Pretreatment Program is available at: www.citizensenergygroup.com/pretreatment.

PART A: APPLICANT ADDRESS AND CONTACT INFORMATION					
FACILITY INFORMATION					
Corporation Name: **(as registered with the Indiana Secretary of State)**					
Corporate Mailing Address:					
City:		State:		Zip Code:	
Facility Name:					
Facility Mailing Address:					
City:		State:		Zip Code:	
Phone:					
Citizens Energy Group Sewer billing account number (if available) to use for payment of Application Fee:		Citizens Energy Group WATER billing account number (if available) for water meter reconciliation in Part D			
FACILITY CONTACT (May Differ from the Authorized Representative)					
Name:		Title:			
Mailing Address:					
City:		State:		Zip Code:	
Phone:		E-mail:			

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INDUSTRIAL DISCHARGE PERMIT APPLICATION

AUTHORIZED REPRESENTATIVE					
Authorized Representative as defined in Section 1.6(g) of Resolution No. CWA 2-2011					
Name:		Title:			
Mailing Address:					
City:		State:		Zip Code:	
Phone:		E-mail:			
ADDITIONAL AUTHORIZED REPRESENTATIVE, IF DESIGNATED BY THE PERSON IN SECTION A.3 *(optional)*					
Name:		Title:			
Mailing Address:					
City:		State:		Zip Code:	
Phone:		E-mail:			

PART B: PLANT OPERATIONS SCHEDULE							
DAYS OF OPERATIONS? (check all that apply)	**Monday** ☐	**Tuesday** ☐	**Wednesday** ☐	**Thursday** ☐	**Friday** ☐	**Saturday** ☐	**Sunday** ☐
Hours of Operations per day?		**Number of shifts per day**					
Number of employees per shift?	**First**	**Second**		**Third**			
Date the facility began operation?							
Hours per Day Wastewater Discharged (e.g., 8 hours / day)	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Hours of Discharge (e.g., 9 a.m. to 5 p.m.)	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**

PART C: BUSINESS ACTIVITY

Does (or will) this facility perform any activity that would be regulated by a federal Categorical Pretreatment Standard at 40 C.F.R. Parts 405 - 471?

BUSINESS ACTIVITY	REGULATED CATEGORY	AVERAGE PRODUCTION RATE (IF APPLICABLE)
	40 CFR PART	
	40 CFR PART	
	40 CFR PART	
	40 CFR PART	

Does the facility perform any processes regulated under a federal Categorical Pretreatment Standard (40 C.F.R. Parts 405 – 471) that has established mass or production-based limits? Check yes or no below.

YES	☐	NO	☐	

BUSINESS CLASSIFICATION

Indicate all applicable North American Industry Classification (NAICS) or Standard Industrial Classification (SIC) code.

BUSINESS ACTIVITY	NAICS CODE	SIC CODE

PROVIDE A DETAILED DESCRIPTION OF THE MANUFACTURING PROCESS(ES) OR SERVICE ACTIVITIES CONDUCTED ON PREMISES, ESPECIALLY THOSE PROCESSES THAT GENERATE OR HAVE THE POTENTIAL TO GENERATE WASTEWATER
USE ADDITIONAL SHEETS IF NECESSARY

LIST OF RAW MATERIALS USED IN THE PROCESSESS, INCLUDING CHEMICAL OR METAL COMPOUNDS USED	

IF PRODUCTION-BASED STANDARDS APPLY, LIST THE AMOUNT OF PRODUCTION (IN UNITS EXPRESSED BY THE STANDARDS) THAT PASS THROUGH (OR WILL PASS THROUGH) EACH PROCESS THAT IS SUBJECT TO A PRETREATMENT STANDARD.

IF CATEGORICAL STANDARD REGULATES MULTIPLE PRODUCTION PROCESSES, PLEASE DESCRIBE THE DEPENDENCE OF ONE OPERATION ON ANOTHER.
USE ADDITIONAL SHEETS IF NECESSARY

For Production Based Categorical IUs only, what is the Facility's long-term average categorical production rate for the past 5 years?

RESPONSE:

	Past Calendar Year Amounts per Day (Daily Units)		**Estimate This Calendar Yer Amounts per Day (Daily Units)**	
	Average	*Maximum*	*Average*	*Maximum*
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

PART D. INTAKE WATER INFORMATION - BASED UPON THE PAST THREE (3) CALENDAR YEARS		
In the table below, list intake water sources and volumes:		
	INTAKE SOURCE	**VOLUME in Gallons per Day (GPD)**
1	Municipal water system	
2	Private well	
3	Surface water	
4	Purchased steam	
5	Captured stormwater	
6	Other	
	SUM OF WATER SOURCES FROM 1 - 6 ABOVE	

PART E. VOLUMES DISCHARGED AND/OR WATER LOSS INFORMATION - BASED UPON THE PAST THREE (3) CALENDAR YEARS		
Provide the average volume of discharge or water loss in gallons per day:		
1	Municipal sewer system*	
2	NPDES Outfall or Other Discharge to Surface Water	
3	Evaporation	
4	Contained in product	
5	Irrigation and Lawn watering	
6	Stormwater	
7	Other: Specify	
	SUM OF DISCHARGES AND WATER LOSS FROM 1 - 7 ABOVE	

PART F. WASTEWATER DISCHARGE(S) TO MUNICIPAL SEWER SYSTEM - BASED UPON THE PAST THREE (3) CALENDAR YEARS

As described in Part E of the permit application

List wastewater (WW) discharge volumes from the sources prior to pretreatment (if any). Indicate through which Sewer Discharge Point the wastewater discharges. *Include an attachment that describes how each flow is generated.*

Source	WW Discharge Volume (GPD)	Sewer Connection 1	Sewer Connection 2	Sewer Connection 3
Process Wastewater #1				
Process Wastewater #2				
Process Wastewater #3				
Boiler Blowdown				
Non-contact Cooling Water (once through)				
Reverse Osmosis or Softener Water				
Sanitary Wastewater				
Stormwater				
Air Pollution Control equipment discharge				
Plant and equipment washdown				
Other: Specify				
TOTAL DISCHARGE TO SEWER * Total MUST equal volume in E.1				

DISCHARGE(S) TO SEWER DETAILS

List size, descriptive location, and flow of each discharge pipe or discharge point that connects to the CWA Authority's sewer system. If more than four sewer lateral connections, attach additional information on another sheet.

Descriptive Location of Sewer Connection or Discharge Point	Average Flow (Gallons per Day)

Nature of Discharge to the Sewer (Batch or Continuous)			
A discharge to the sewer is considered a *continuous* discharge if regulated process wastewater generated is discharged on a constant basis (24 hours per day, 7 days per week). A discharge to the sewer is considered a *batch* discharge if the process wastewater can be stored by the facility and discharged on a less than constant basis or is dependent on the operation of the process.			
Is the process wastewater discharge to the sewer a continuous discharge or a batch discharge? **Check as appropriate.**	Continuous	☐	
	Batch	☐	

If process wastewater discharge is considered a "batch" discharge, what is the frequency of the wastewater discharge?		
Number of Batch Discharges (per day)		
Average Discharge per Batch (gallons per day)		
Time / Frequency of Batch Discharge	**Days per week**	**Typical Time of Day**
How is the volume of the wastewater discharge measured? Describe the metering equipment in the space provided.		

PART G. WASTEWATER TREATMENT					
Is any treatment of the wastewater or pretreatment prior to discharge performed at this facility?	Yes	☐	No	☐	
Is there a certified operator at this facility?	Yes	☐	No	☐	
If yes, name of Certified Operator(s)?					

Provide a description of the wastewater treatment process, include process equipment, design capacity, and operating conditions. Attach a wastewater flow diagram.
Attach additional sheets if necessary

PART H. ANALYTICAL DATA (New Permittees or Modified Permits Only)

Attach analytical data of the wastewater to be discharged to the sewer system. Provide an explanation of where and when the sample was taken, what type of sample was taken (grab/composite) and how many samples were analyzed. Analytical methods shall conform to 40 CFR Part 136.

PART I. CONTROL OF SLUG DISCHARGES An accidental or 'slug' discharge to the Authority's Sewer System requires an IMMEDIATE notice to CWA Authority.				
Does the facility have an existing Slug Control Plan?	Yes	☐	No	☐
Has the Slug Control Plan been submitted to the Authority for review?	Yes	☐	No	☐
Date when Slug Control Plan was deemed complete by the Authority?				
Have there been any changes to the facility or the operations that would require an update to the Slug Control Plan? Explain below:	Yes	☐	No	☐

PART J. SPILL PREVENTION Attach a list of the types and quantity of chemicals used or planned for use. Provide copies of the manufacturer's Safety Data Sheet.				
Does the facility have chemical storage containers or bins at the facility?	Yes	☐	No	☐
Does the facility have floor drains in the manufacturing or chemical storage area(s)?	Yes	☐	No	☐
Does the facility have floor drains in the wastewater treatment area(s)?	Yes	☐	No	☐
If the facility has floor drains, where do the floor drains discharge?				

PART K. NON-DISCHARGED WASTES				
Are there any waste liquids or sludges generated at the facility and not disposed of into the sanitary sewer system?	Yes	☐	No	☐
Please note that the Hazardous Waste Statement must be provided with this permit application.				

If yes, provide the following information:
Attach additional sheets if necessary.

	Waste(s) Generated	Quantity *Specify units*	Disposal Method
1			
2			
3			
4			
5			

Part L. USE OF TOTAL TOXIC ORGANICS (TTO)
Applicable to Categorical Pretreatment standards in 40 C.F.R. Parts 413, 433, 469, 464, 465, 467, and 468.

Please provide a list of Total Toxic Organics used or stored at the facility. If no Total Toxic Organics are used please indicate with an N/A. *Attach additional sheets if necessary.*

AUTHORIZED REPRESENTATIVE CERTIFICATION	
I CERTIFY UNDER THE PENALITY 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 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.	
PRINTED NAME AND TITLE	DATE
SIGNATURE	PHONE NUMBER

CWA AUTHORITY, INC.
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NON-CATEGORICAL "LOCAL" DISCHARGE LIMITS
REQUEST FOR MONITORING WAIVER

Regulations at Resolution No. CWA 2-2011 (Resolution), Chapter 2, Section 2.2 contain local discharge limits. CWA Authority, Inc. may authorize industrial users holding Industrial Discharge Permits issued pursuant to this Resolution subject to the noncategorical local discharge limits to forego sampling and analysis of a pollutant regulated by this Resolution if the Industrial User has demonstrated through sampling and other technical factors that the pollutant is neither present nor expected to be present in the discharge, or is present only at background levels from intake water and without any increase in the pollutant due to activities of the industrial user.

INSTRUCTIONS: Industrial Users holding Industrial Discharge Permits that wish to request this monitoring waiver must provide the following information and analytical results representative of all wastewater discharged from all processes from no fewer than two (2) monitoring events conducted at least seven (7) days apart. Each monitoring event must include analytical results for all pollutants for which a non-categorical "local" discharge limit is established.

Facility Name	
Industrial Discharge Permit #	
Facility Address (Street)	
Facility Address (City, State, ZIP)	
Contact Name	
Contact E-Mail Address	
Contact Phone Number	

Pollutant	**Waiver Requested**	**Pollutants are present in the discharge**	**Pollutants are not present in the discharge**
Arsenic	☐	☐	☐
Beryllium	☐	☐	☐
Cadmium	☐	☐	☐
Chromium (total)	☐	☐	☐
Chromium (hex)	☐	☐	☐
Copper	☐	☐	☐
Cyanide (amenable)	☐	☐	☐

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REQUEST FOR MONITORING WAIVER

Pollutant	Waiver Requested	Pollutants are present in the discharge	Pollutants are not present in the discharge
Lead	☐	☐	☐
Mercury	☐	☐	☐
Nickel	☐	☐	☐
Total Phenols	☐	☐	☐
Pentachlorophenol	☐	☐	☐
Selenium*	☐	☐	☐
Silver	☐	☐	☐
Zinc	☐	☐	☐
Total Petroleum Hydrocarbons	☐	☐	☐
PCBs	☐	☐	☐

**Please note that a monitoring waiver for selenium will be assessed on a case-by-case basis and may be rejected or withdrawn by CWA Authority at any time.*

Detailed analytical results must accompany this waiver request and must be representative of all wastewater discharges from all processes.

Multiple samples from multiple locations may be required to fulfill this obligation; at a minimum, data from no fewer than two (2) monitoring events conducted at least seven (7) days apart must be provided with this Request for Monitoring Waiver.

All samples must be collected and analyzed in accordance with 40 CFR Part 136 methods. Composite samples must be provided for all parameters except for those that require grabs sampling. Please attach the entire laboratory report, including analytical results, to this form at the time of submission.

Any authorization of a monitoring waiver is subject to the following conditions:

1. The monitoring waiver is valid only for the duration of the effective period of the Industrial Discharge Permit issued pursuant to Chapter 4 of Resolution No. CWA 2-2011.

2. The User must submit a new request for the waiver before the waiver can be granted for each subsequent Industrial Discharge Permit issued pursuant to Chapter 4 of Resolution No. CWA 2-2011.

3. This issuance of a waiver must be documented by CWA Authority in the Industrial Discharge Permit.

4. The reasons supporting the waiver and any information submitted by the User in its request for the waiver will be maintained by CWA Authority for five (5) years after expiration of the waiver.

5. In making a demonstration that a pollutant is not present, the User must provide data from at least one (1) sampling event of the facility's process wastewater prior to any treatment present at the facility that is representative of all wastewater from all processes.

6. Non-detectable sample results may only be used as a demonstration that a pollutant is not present if the EPA approved method from 40 CFR Part 136 with the lowest minimum detection level for that pollutant was used in the analysis.

7. Upon approval of the monitoring waiver and revision of the User's permit by the CWA Authority, the industrial user must certify on each report with the statement below, that there has been no increase in the pollutant in its wastestream due to activities of the Industrial User:

   *Based on my inquiry of the person or persons directly responsible for managing compliance with the Noncategorical (Local) Discharge Limits, I certify that, to the best of my knowledge and belief, there has been no increase in the concentration of **[list pollutant(s)]** in the wastewaters due to the activities at the facility since filing of the last periodic report under 40 CFR 403.12(e)(1), Resolution No. CWA 2-2011, and/or the Industrial Discharge Permit issued pursuant to Chapter 4 of Resolution No. CWA 2-2011.*

I certify under the 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 under my responsibility 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.

Authorized Representative Signature: _____ **Date:** _____

Authorized Representative Name (Printed): _____

Title: _____

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REQUEST FOR MONITORING WAIVER

NON-CATEGORICAL "LOCAL" DISCHARGE LIMITS SAMPLING REQUIREMENTS

Pollutant	Daily Maximum Allowable Concentration Value (mg/l)	Analytical Methods (*See 40 CFR Part 136)*	Grab Sample or Composite Sample
Arsenic	4.0	EPA 200.7/200.8	24-hour composite
Beryllium	19.58	EPA 200.7/200.8	24-hour composite
Cadmium	1.2	EPA 200.7/200.8	24-hour composite
Chromium (total)	24.0	EPA 200.7/200.8	24-hour composite
Chromium (hex)	3.4	SM 3500 Cr-B	Grab
Copper	2.2	EPA 200.7/200.8	24-hour composite
Cyanide (amenable)	0.4	SM 4500 CN-E, G	Grab
Lead	4.7	EPA 200.7/200.8	24-hour composite
Mercury	0.025	EPA 200.7/200.8	24-hour composite
Nickel	7.3	EPA 200.7/200.8	24-hour composite
Total Petroleum Hydrocarbons	200	EPA 1664 B	Grab
Total Phenols	46.0	EPA 625/625.1	24-hour composite
PCBs	Non-detect	EPA 608	24-hour composite
Pentachlorophenol	0.012	EPA 625/625.1	24-hour composite
Selenium	21.5	EPA 200.7/200.8	24-hour composite
Silver	4.2	EPA 200.7/200.8	24-hour composite
Zinc	38	EPA 200.7/200.8	24-hour composite

Composite samples must be representative of a user's discharge within a given twenty-four (24) hour period of operation. Samples may be collected either manually or automatically, and either continuously or discretely. Composite samples must be comprised of either a minimum of four (4) samples to be composited or enough individual aliquots to comprise a representative sample as determined by the Authority.

A time-proportional composite sample consists of equal volume discrete sample aliquots collected at constant time intervals into one container. A time composite sample can be collected either manually or with an automatic sampler.

A **grab sample** must be taken from a waste stream on a one-time basis with no regard to the flow in the waste stream and without consideration of time over a period not to exceed fifteen (15) minutes.

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HAZARDOUS WASTE STATEMENT

INDUSTRIAL PRETREATMENT PROGRAM
HAZARDOUS WASTE STATEMENT

Regulations at 40 CFR part 403.12(p) and Resolution No. CWA 2-2011, Chapter 3, Section 3.13 require that Industrial Users ("IUs") report any substance discharged to the CWA Authority, Inc. ("Authority") sewer system which, if otherwise disposed of, would be considered a Resource Conservation and Recovery Act ("RCRA") hazardous waste as set forth at 40 CFR part 261. IUs are required periodically to complete the Hazardous Waste Statement to confirm their discharge status.

INSTRUCTIONS: Facilities that do not discharge wastewater that, if otherwise disposed, would be considered a hazardous waste should complete Part A of this Hazardous Waste Statement. All other facilities must complete Part B of this Hazardous Waste Statement on the next page.

Facility Name	
Facility Address (Street)	
Facility Address (City, State, ZIP)	
Contact Name	
Contact E-Mail Address	
Contact Phone Number	
RCRA Identification No. (If One is Issued to the Facility)	

PART A: APPLICABLE TO FACILITIES THAT <u>DO NOT</u> DISCHARGE WASTEWATER THAT, IF OTHERWISE DISPOSED, WOULD BE CONSIDERED A HAZARDOUS WASTE

☐ The above-named facility does not discharge wastewater that, if otherwise disposed, would be considered a hazardous waste. Check the box to confirm this statement and have the Authorized Representative sign the certification statement below.

I certify under the 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 under my responsibility 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.

Authorized Representative Signature: _____ Date: _____

Authorized Representative Name (Printed): _____

Title: _____

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HAZARDOUS WASTE STATEMENT

PART B: FACILITIES THAT DISCHARGE WASTEWATER THAT, IF OTHERWISE DISPOSED, WOULD BE CONSIDERED A HAZARDOUS WASTE MUST COMPLETE THIS SECTION

☐ The above-named facility discharges wastewater that, if otherwise disposed, would be considered a hazardous waste. Check the box to confirm this statement, complete the table below and have the Authorized Representative sign the certification statement below.

Name of Hazardous Waste	EPA Hazardous Waste Number (P-, U-, K-, D-, F- Codes)	Type of Discharge (Continuous, Batch or Other)

Note: If additional rows are needed, attach another page.

If the discharge is greater than 100 kilograms (20.5 pounds) per calendar month, this notification must include the following information to the extent known and readily available:

1. Identification of hazardous constituents in the waste(s);
2. Estimates of mass and concentration of constituents discharged during that calendar month; and,
3. Estimation of the mass of constituents in the waste stream expected to be discharged during the following 12 months.

Any changes to this Hazardous Waste Statement must be reported to CWA Authority, Inc. pursuant to 40 CFR 403.12(j).

If notification is made under 40 CFR 403.12(p), the Industrial User shall certify that it has a program in place to reduce volume and toxicity of hazardous waste generated to the degree it has determined to be economically practical as follows:

Pursuant to 40 CFR part 403.12(p)(4), I certify that Click or tap here to enter text. *(Facility Name) has a program in place to reduce the volume and toxicity of hazardous waste generated to be economically achievable.*

I certify under the 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 under my responsibility 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.

Authorized Representative Signature: _____ Date: _____

Authorized Representative Name (Printed): _____

Title: _____