

If your only sewage discharge is toilets, showers, or non-restaurant sinks; complete the form as indicated below in red.

CERTIFICATION STATEMENT

Reporting Period:

From: **__December 2004__**

To: **__December 2005__**

Company Name: **__Water/ Sewer Account Name__**

Federal Tax ID No.: **__If Applicable__**

Address: **__Where water/sewer account located__**

Standard Industrial Classification No. **Or description of Business or property**

Dates of Estimated Quantity of Wastewater:

From: **____NA_____**

To: **_"Bill Date" from your last water bill**

Description of Waste Discharge Outlets:

Outlet No. 1 **____Standard Lavatory Facilities (include number of each (i.e., 2 toilets, 1 sink, etc. as applicable)._____**

Outlet No.2 _____

Outlet No.3 _____

Outlet No.4 _____

	Outlet No. 1	Outlet No.2	Outlet No.3	Outlet No.4	Totals
1. Volume of Water to Sewer (Million Gallons)					
a. Waterbury Water Department	_____	_____	_____	_____	_____
b. Well Water	_____	_____	_____	_____	_____
c. Other	_____	_____	_____	_____	_____

2. Discharge to location other than sanitary sewer. (Include documentation

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	Outlet No. 1	Outlet No.2	Outlet No.3	Outlet No.4	Totals
specifying composition, volume, and point of discharge). Expressed in million gallons	-----	-----	-----	-----	-----
3. Total Flow Discharge to Sanitary Sewer (Line 1 Total minus Line 2 Total). Expressed in million gallons.	-----	-----	-----	-----	-----
4. Five Day BOD (mg/l) in excess, of 300mg/l	-----	-----	-----	-----	-----
5. Five Day BOD (lb/yr) in excess of 300 mg/l	-----	-----	-----	-----	-----
6. Suspended Solids (mg/l) in excess of 300mg/l	-----	-----	-----	-----	-----
7. Suspended Solids (lb/yr) in excess of 300mg/l	-----	-----	-----	-----	-----
8. Ammonia nitrogen (mg/l) in excess of 50mg/l	-----	-----	-----	-----	-----
9. Ammonia nitrogen (mg/l) in excess of 50mg/l	-----	-----	-----	-----	-----
10. Measurement procedure: (Attach supporting documents. Check one of the following.)					
a. -----	Direct Flow Measurement				
b. -----	Metered Water Supply				
c. -----	Other Measured Water Supply				

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11. Total Number of Employees: _____ Number of Employees on Premises: _____

12. Number of work days during reporting period: _____

13. Number of production shifts per work day: _____

14. User operating under present name since (mo, yr): _____ **XX/XX** _____

15. User at this location since (mo, yr): _____ **XX/XX** _____

16. Sampling: (Attach laboratory results for each outlet).

a. Name of Certified Lab: _____

b. Sampling Procedures: _____

17. Date Samples Taken: _____

18. Toxic or Hazardous Substances Discharged to Sewer:

a. _____ Hauled Off Site

b. _____ Used

c. **__X__** Not Applicable

19. Facility is (check one):

a. **__X__** Owned

b. _____ Rented

20. Computation of Estimated User Charge (See Instruction #20 for Applicable Billing Rates)

a. Total Estimated Volume Flow Charge: _____

b. Total Estimated BOD Surcharge: _____

c. Total Estimated Suspended Solids Surcharge: _____

d. Total Estimated Ammonia Nitrogen Surcharge: _____

21. Total Estimated Net User Charge (Add lines 20a, 20b, 20c, and 20d): _____

22. Classification (**Check Appropriate Categories**): **OR ADD YOUR OWN DESCRIPTION IF YOU FEEL THE ONES LISTED BELOW DO NOT SUFFICE:**

a. _____ Non-Municipal Tax-Exempt User b. _____ Commercial/Industrial User

_____ Large Non-Municipal Tax-Exempt User ___ Large Commercial/Industrial User

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_____ High Strength User _____ High Strength User
__**X**__ Normal Domestic Sewage User _____ Normal Domestic Sewage User

CERTIFICATION: The undersigned, being first duly sworn on oath, deposes and says that he/she has examined this statement and its supporting documentation and, to the best of his/her knowledge and belief, same are true, correct and complete.

Date: XX/XX/XX _____ Reporting User's Name: Water/ Sewer Account Name
Address: Address for Water/Sewer Account Name
Signature of Officer/Owner: YYYYYYYYYYYYYYYYYYYY
Officer's Name & Title: Printed Name and Title _____

Prepared by: Print your name _____ Telephone: XXX/XXX-XXXX _____ -

Subscribed and sworn to before me this _____ day of _____, 20 ____

Notary Public

RETURN THIS FORM TO: Water Pollution Control
210 Municipal Road
Waterbury, CT 06708