

**NonCategorical Significant Industrial User
Continuing Compliance Report**

FOR _____ YEAR _____

Parent Company

Parent Address

Parent City, State, Zip

Facility Name

Facility Address

Facility City, State, Zip

Authorized Contact Person

Title

Phone

Estimated Flow _____ (gallons per day)

Nature of Wastewater Discharged: Laboratory results from this compliance period should be on file at your facility.

Compliance Statement: The present discharges from this facility **ARE/ARE NOT** in compliance with applicable regulations as stated in your current ordinance and permit.

Certification Statement: I have personally examined and am familiar with the information submitted in this document and the laboratory results for this compliance period. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Authorized Signature _____ Date _____

Print Name _____

**Pollution Control Division
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Holland, MI 49423
(616) 355-1275
(616) 355.1273 - Fax
gbunschoten@hollandbpw.com**