

**City of Springfield, Ohio  
Municipal Industrial Pretreatment Program  
Self-Monitoring Report  
Wastewater Discharge Analysis**

Name: \_\_\_\_\_

Category: \_\_\_\_\_

SIC: \_\_\_\_\_

Permit#: \_\_\_\_\_

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

**THERE HAS BEEN NO DISCHARGE TO THE SEWER SYSTEM OF THE CITY OF SPRINGFIELD, OHIO FROM ANY REGULATED MANUFACTURING AND OR REGULATED INDUSTRIAL PROCESS DURING THE REPORTING PERIOD REFERENCED ABOVE.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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 IMPRISONMENT.*

<u>DATE REPORT COMPLETED</u>	<u>NAME OF REPORTING OFFICIAL (please print)</u>	<u>TITLE OF REPORTING OFFICIAL</u>
	<u>SIGNATURE OF REPORTING OFFICIAL</u>	

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