

## City of Corona Department of Water & Power 755 Public Safety Way, Corona, CA 92880 (951) 736-2234

Print Name

|  | Name of F                                    | Facility:  |  |
|--|--|--|--|
|  | Business Address:                            |  |  |
|  | Discharge Address (if different from above): |  |  |
|  | Permit Number:                               |  |  |
| REPORTING/SDMP CERTIFICATION STATEMENT  Please initial each applicable box |  |  |  |
| CERTIFY  | N/A  |  |  |
|  |  | I certify under penalty of the 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 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. |  |
|  |  | Based on my inquiry of the person or persons directly responsible for managing compliance with pretreatment standard for <b>SDMP</b> , I certify that to the best of my knowledge and belief, this facility is implementing their Slug Discharge Management Plan.  |  |
|  |  | I certify under penalty of the law that  |  |
| CERTIFYING OFFICIAL:   |  |  |  |
| Signature  |  | Date   |  |

Title