

**NonCategorical Significant Industrial User  
Continuing Compliance Report**

FOR \_\_\_\_\_ YEAR \_\_\_\_\_

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Parent Company

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Parent Address

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Parent City, State, Zip

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Facility Name

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Facility Address

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Facility City, State, Zip

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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  
625 Hastings Avenue  
Holland, MI 49423  
(616) 355-1275  
gbunschoten@hollandbpw.com**