## **CENTRAL CONTRA COSTA SANITARY DISTRICT**

## Special Discharge Permit (SDP) Closure Certification

SDP Number:	
Industrial User:	
Facility Name & Location:	
Date Discharge Completed:	
Number of Days of Discharge:	
Maximum Discharge (single day):	
Total Volume Discharged:	

By signing and submitting this Closure Certification, the Industrial User certifies that all discharges to the sanitary sewer identified in the Special Discharge Permit from the above facility have been conducted in accordance with the terms and conditions of the permit.

The Industrial User acknowledges that the discharges identified in the above permit have ceased. The District does not authorize the continuation of such discharges. In order to continue the discharge identified in the above permit beyond the expiration date of the permit or beyond the number or volume of discharges allowed in the permit, the Industrial User shall obtain prior written permission from the District.

I am an authorized representative of the Industrial User as specified in District Code Title 10.04.020 (B). I have authority to commit resources necessary to achieve and maintain compliance with District Code. I have reviewed this Closure Certification and understand the requirements contained herein.

Signature:	
Name (please print):	
Title:	
Date:	