

**MARION MUNICIPAL UTILITIES
WASTEWATER TREATMENT FACILITY**

107 East Bond Avenue Marion, Indiana 46952
Tel. (765) 664-2391 Fax. (765) 668-8556

Domestic Septic Hauler Certification Statement

I, _____, certify to the best of my knowledge and belief, that no Industrial sludges, process water or solids will be picked up and/or transported by any of our vehicles, listed in our permit application, for any Industry. In addition, none of the previously described sludges and/or wastewater will be discharged to the City of Marion's wastewater collection system or Marion's Wastewater Treatment Plant. Further, I certify that all Waste Hauler's Discharge Forms are prepared under my direction or supervision in accordance with the Marion Wastewater Treatment Plant's instructions for completing this form to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who are 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 penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Company

Signature of Person Authorized to represent this Company in Official Dealings with the Utility

Date

