



Marion Utilities
 1540 N Washington St.
 Marion IN 46952
 www.marionutilities.com
 765-664-2391

SEND COMPLETED APPLICATION TO:
 Marion Utilities
 Attn. Program Support Coordinator
 107 East Bond Avenue
 Marion, IN 46952

Waste Hauler Application for Discharge Privileges

Company Name: _____ Mailing Address: _____
 Facility Address: _____ Telephone Number: _____

Name of person authorized to represent this firm in official dealings with the utility:
 Name & Title: _____ Telephone Number: _____

Alternate person to contact concerning information provided:
 Name & Title: _____ Telephone Number: _____

NOTE TO SIGNING OFFICIAL

In accordance with Title 40 of the Code of Federal Regulations, Part 403.14, information and data provided in this questionnaire that identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR 2 (Public Information). The information in this questionnaire will be used to issue a Waste Hauler Discharge Permit for your facility.

APPLICATION CERTIFICATION STATEMENT

I have personally examined and am familiar with the information submitted in this document and attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted 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.

 (DATE)

 (SIGNATURE OF OFFICIAL)

DISCHARGE INFORMATION

1. IDEM State Wastewater Management Business Permit Number: _____
2. Complete the following for each vehicle used (please use the back of this form for additional vehicles if necessary):

Year	Make/Model	License Plate Number	Tank Volume (gallons)
_____	_____	_____	_____
_____	_____	_____	_____

3. List three facilities, other than Marion Utilities, that you discharged to in the past 12 months.

Facility Discharged to:	Telephone #
_____	_____
_____	_____
_____	_____

4. This permit application is for authorization to discharge of restaurant grease trap waste to Marion Utilities wastewater treatment plant. Marion Utilities does not accept process waste from industrial facilities, medical waste, sludge, spent chemicals, petroleum products, solvents, radioactive waste, or oil/water separator waste from auto repair facilities.

Do you haul waste that is not restaurant grease trap waste? YES () NO ()
Do you haul waste that is not accepted by Marion Utilities? YES () NO ()



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I (Name) _____ 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 and Date of person authorized to represent this company in official dealings with Marion Utilities.

Business Service Application For Water / Wastewater Service

- 1) TWO FORMS OF ID ARE REQUIRED AT THE TIME OF APPLICATION FOR SERVICE.
- 2) INTENTIONAL FALSIFICATION OF THIS APPLICATION WILL RESULT IN IMMEDIATE DISCONTINUANCE OF SERVICE.
- 3) THE APPLICATION MUST BE FILLED OUT COMPLETELY.
- 4) THE UTILITY IS NOT RESPONSIBLE FOR ANY WATER DAMAGE TO A BUSINESS.
- 5) A FOUR HOUR APPOINTMENT WILL BE SET TO TURN SERVICE ON. IF YOU ARE NOT THERE, YOU WILL BE CHARGED AN ADDITIONAL SERVICE FEE FOR THE SECOND CALL.
- 6) HALF OF YOUR UNPAID BALANCE WILL BE ADDED TO YOUR ACCOUNT TO COVER COLLECTION FEES OR COURT COSTS IN THE EVENT YOU ARE TURNED OVER FOR COLLECTION OR SUIT.
- 7) I UNDERSTAND THAT IF THE UTILITY DOES WAIVE MY DEPOSIT BUT I DO NOT KEEP MY BILL CURRENT A DEPOSIT MAY BE REQUIRED AT A LATER DATE.

Business Name _____ Owner's Name _____

Service Address _____ Mailing Address _____

Business Phone Number _____ Owner's Phone Number _____

Tax ID # _____ Owner's Date of Birth _____

Owner's Social Security Number _____ Owner's Driver's License Number _____ Email Address _____

Property Owner's Name/Address _____

Have you or your business had water service in your name in Marion? _____ Yes _____ No

If yes, under what name? _____ Address & Year _____

CREDIT REFERENCES (If you would like for the Utility to consider waiving the deposit):

List 3: Where: _____
 Where: _____
 Where: _____

I WAS GIVEN A MARION UTILITIES REGULATION HANDBOOK. I HEREBY AUTHORIZE MARION UTILITIES TO CHECK MY CREDIT FILE AT CBCINNOVIS CREDIT REPORTING. I HAVE READ THIS APPLICATION IN FULL AND I AGREE TO THE TERMS OUTLINED.

 Signature

 Date

FOR UTILITY USE ONLY: ACTT #: _____ Date: _____ Deposit Waived: Y / N Deposit Amount: _____