Marion Utilities
1540 N Washington St.
Marion IN 46952
www.marionutilities.com
765-664-2391 ext. 128

Send completed application to: Marion Utilities
Attn. Program Support Coordinator 107
East Bond Avenue
Marion, IN 46952
programsupport@marionutilities.com

Waste Hauler Application for Discharge Privileges

This permit application is for authorization to discharge septic tank waste at Marion Utilities wastewater treatment plant.

Do you want to discharge restaurant grease interceptor waste? YES ☐ NO ☐
Do you want to discharge septic tank waste? YES ☐ NO ☐
Do you want to discharge other sewage waste, including, but not limited to, lift station or portable toilet waste? YES ☐ NO ☐

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. Marion Utilities does not accept process waste from industrial facilities, medical waste, sludge, spent chemicals, petroleum products, solvents, radioactive waste, oil/water waste from auto repair facilities, or restaurant grease interceptor waste.

Do you haul waste that is not accepted by Marion Utilities? YES ☐ NO ☐