WASTEWATER DISCHARGE PERMIT
COVER SHEET

THIS COVER SHEET MUST ACCOMPANY THE REPORT.

Company Name: _____

Sewer Authority Name: **UNION SANITARY DISTRICT**

Report Date: _____

Person to contact concerning information contained in this report:

Name: _____

Title: _____

Facility Address: _____

_____

Mailing Address: _____

_____

Telephone #: _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons 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 significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

_____	_____
Signature of Official	Date
_____	_____
Name of Official	Title