



**USD** TREAT  
PROTECT  
PRESERVE  
est. 1918  
TRI-CITY WASTEWATER

## 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