



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