Beneficial User Incorporation/Injection - Certification Statement

Facility name: _______________________________ Ohio NPDES permit #: ____________________

Certification Statement

"I certify, under penalty of law, that the information that was used to determine compliance with the vector attraction reduction requirement identified in Table 1 of this annual report was prepared under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate the information. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment."

_____________________________ / __________/ ______
Signature

_____________________________
Date

_____________________________
Printed Name

_____________________________
Title

(A representative of the person who beneficially used the biosolids shall sign this form in accordance with the instructions for this annual report.)