

**GENESEE COUNTY DRAIN COMMISSIONER'S OFFICE**

-DIVISION OF-

**WATER & WASTE SERVICES**

JEFFREY WRIGHT  
COMMISSIONER



G-4610 BEECHER ROAD · FLINT, MICHIGAN 48532-2617

PHONE (810) 732-7870 · FAX (810) 732-9773

**SEPTAGE HAULER APPLICATION FOR DISCHARGE**  
Beecher Road Septage Receiving Station

Print or Type

**I. SEPTAGE COMPANY INFORMATION**

\_\_\_\_\_  
Name (Owner/Manager/Contact Person)

\_\_\_\_\_  
DNRE License number

\_\_\_\_\_  
Septage Hauler Permit #

\_\_\_\_\_  
Septage Hauler Business Name

\_\_\_\_\_  
Street (Mailing address for correspondence)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Township

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
e-mail

\_\_\_\_\_  
Name and Title of Person Completing Permit

\_\_\_\_\_  
Phone

**AUTHORIZED REPRESENTATIVE STATEMENT**

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.

\_\_\_\_\_  
Name of owner or person responsible for the discharge

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

\*All applications shall be signed and certified by an "authorized representative" of the user as defined by the Ordinance.

