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.)