



ANNUAL REPORT FOR ≤ 600 GPD POINT SOURCE DISCHARGING SYSTEM

	Permit Holder	Make/Model HAU	NPDES Registration Number	County or State Health Department Permit Number	Quarterly Inspection Dates				Condition of HAU Acceptable (Yes or No)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

I DO HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE.

(Company Name)

(Printed name of service provider)

(Address)

(Signature of service provider)

(Phone Number)

(Date Submitted)

White - Service Provider
Canary Copy - Department of Environmental Protection
Pink Copy - State Health Department
Goldenrod Copy - Local Health Department