

SEPTAGE APPLICATION RECORD

NAME OF HAULER: _____

Date/Time	Location	Number of Acres	Crop	Volume Applied	Management/Vector Requirements

I certify, under penalty of law, that the pathogen control requirements under 290-5-25-.07 and the vector reduction requirements under 290-5-25-.06 have been met. This determination has been made under my direction and supervision. I am aware that there are significant penalties for false certification, including the possibility of fine and imprisonment.

Signature of Applier: _____ Date: _____

Applier Certification Number: _____