



**SBMWD SEPTIC STATION
LIQUID WASTE HAULER
PERMIT APPLICATION**

SECTION A: GENERAL INFORMATION

1. **Liquid Waste Hauler Name:** _____
Operator Name: _____

2. **Facility Address: (Please include suite or tenant space number in multiple unit building)**

Street: _____ Phone No.: _____
City: _____ State: _____ Zip: _____ Fax No.: _____
Email: _____

3. **Facility Mailing Address:**

Street or P.O. Box: _____ Phone No.: _____
City: _____ State: _____ Zip: _____ Fax No.: _____

| | |
|--------------------------------------|--------------------|
| 4. Authorized Representative: | 5. Contact: |
| Name: _____ | Name: _____ |
| Title: _____ | Title: _____ |
| Phone No.: _____ | Phone No.: _____ |
| Fax No.: _____ | Fax No.: _____ |
| Email: _____ | Email: _____ |

SECTION B: TYPE OF WASTE HAULED

Indicate the type of waste hauled from the categories listed below. (Check all that apply). Note only domestic waste from Septic Tanks, Chemical Toilets, and Cesspools are acceptable for discharge to the Septic Receiving Station.

Waste Pumped

- Septic Tanks
- Chemical Toilets
- Cesspools
- Grease Traps/ Grease Interceptors
- Sand Oil/Water Separators
- Other List Below:

