

## SBMWD SEPTIC STATION LIQUID WASTE HAULER PERMIT APPLICATION

## **SECTION A: GENERAL INFORMATION**

1.	Liquid Waste Hauler Name	<u>.</u>						
	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:				
Indic	• •	the categories		(Check all that apply). Note only domestic waste from discharge to the Septic Receiving Station.				
Wast	te Pumped							
[ ] [ ] [ ] [ ]	Septic Tanks Chemical Toilets Cesspools Grease Traps/ Grease Intercept Sand Oil/Water Separators Other List Below:	otors						

## SECTION C: DISCHARGE AUTHORIZATION

List all the vehicles that will be permitted to discharge liquid waste at the Septic Truck Disposal Station. All trucks and tankers used for discharge must have active insurance and a current registration. Please include a copy of the insurance coverage showing coverage and copy of the current registration cards for all vehicles listed below.

Vehicle Make	Year	VIN	Vehicle/ Tanker License	Tank Capacity	County Decal Number	Insurance	
			No.	1 0		Company	Policy #

<sup>\*</sup> Use an additional sheet if needed for more vehicles

## SECTION D: DRIVERS LICENSE INFORMATION

Name

Signature

All drivers of vehicles discharging at the Septic Disposal Station must have a valid driver's license and correct class of license to operate the trucks and tankers operated.

Driver Name	Driver License Number	License Class	Expiration Date						
SECTION E: AUTHORIZED SIGNATURES This section must be signed by the Authorized Representatives listed on page 1 of the permit application.									
Authorized Representative Statement: prepared under my direction or supervision in gather and evaluate the information submitted those persons directly responsible for gatherinand belief, true, accurate, and complete. I amincluding the possibility of fine and imprison	accordance with a system d. Based on my inquiry on g the information, the in a aware that there are sig	designed to of the person formation su mificant pen	assure that qualified personnel properly or persons who manage the system, or bmitted is, to the best of my knowledge						

Title

Phone

Date