

Milton Regional Sewer Authority Hauled Waste Transporter Permit Application

Section A- Hauler Information

1. Hauler Name: _____
2. Mailing Address: _____
ZIP Code: _____
3. Name of Business Owner: _____ Telephone: (____) _____
4. E-mail Address: _____
5. Premise Address: _____
ZIP Code: _____
6. Activities at this premise: _____

7. Dispatcher Name: _____
 Dispatcher Telephone: (____) _____
8. PA Pumper Hauler Number: _____

Section B- Waste Transport Vehicles

Vehicle	Make	Model	Tank Volume (gallons)	Vehicle License Information		
				License No.	State	Expiration Date
1						
2						
3						
4						

* Attach additional sheets if necessary

Section C- Waste Information *(These are just rough estimations.)*

1. Number & Volume of Septic Waste Loads to be discharged per week:

2. Number & Volume of Industrial Waste Loads to be discharged per week:

3. Number & Volume of Municipal Sludge Loads to be discharged per week:

4. Number & Volume of Holding Tank Loads to be discharged per week:

5. Number & Volume of Landfill Leachate Loads to be discharged per week:

6. Number & Volume of additional waste loads not listed here (please specify waste type):

7. Estimated annual volumes of wastes to be transported and discharged to MRSA WWTP:

8. Areas/Counties in which you will haul waste from:

Section D- Insurance: Attach a certificate that your company has adequate comprehensive general liability and auto liability which includes the Milton Regional Sewer Authority (Authority) as an additional insured and includes provisions for informing the Authority ten (10) days prior to the time of policy cancellations or renewals.

I have personally examined and am familiar with the information in this document and attachments and certify the information to be true, accurate, and complete. I further agree to operate under provisions of all pertinent Authority Ordinances and/or Resolutions and realize failure to do so may result in my discharge privileges being revoked and enforcement action being taken against me.

Name and Title of signing official: _____

Signature: _____ Date: _____