

APPENDIX D – SEPTAGE DISCHARGE PERMIT APPLICATION

ALLENSTOWN WASTEWATER TREATMENT FACILITY

35 Canal St. Allenstown, NH 03275 Tel. (603) 485-5600 Fax# (800) 859-0081

Company Name: _____

Address: _____

Mailing Address: _____

City/State: _____ Zip Code: _____

Tel.: _____ Fax: _____

E-Mail Address: _____

☐ Check box if you want monthly invoice and statement emailed.

Name of Business Owner: _____

Mailing Address of Owner: _____

City/State: _____ Zip Code: _____

Owners Telephone Number: _____

Insurance Company: _____

Policy Number: _____

(Attach Certificate of Insurance)

State Septage Hauler Permit Number: _____

Expiration Date: _____

IN CONSIDERATION OF THE GRANTING OF A SEPTAGE DISCHARGE PERMIT THE UNDERSIGNED HEREBY CERTIFIES:

1. That I am familiar with the information contained in this application and, that to the best of my knowledge and belief, such information is true, complete, and accurate.
2. That I have received a copy of, read, and understand all provisions of the Suncook Wastewater Treatment Facility Septage Regulations.
3. That my agents, my employees, assigns, and I will comply with all provisions of the Allenstown Sewer Use Ordinance.

Signature of Business Owner

Date

NOTICE:

ALL FEES PAID ARE NON-REFUNDABLE.

DO NOT DELIVER SEPTAGE UNTIL YOU RECEIVE YOUR SEPTAGE DISCHARGE PERMIT.

***** THIS SECTION FOR OFFICIAL USE ONLY *****

Permit Fee Paid \$ _____

Received By: _____

Date _____

Application approved: _____	Permit # _____
Superintendent, SWTF	Date