



Allenstown Sewer Commission
 35 Canal Street
 Allenstown, NH 03275
 603-485-5600
 FAX 800-859-0081
 www.allenstownnh.gov



APPENDIX D – HAULED WASTE DISCHARGE PERMIT APPLICATION

Company Name: _____
 Address: _____
 Mailing Address: _____
 City/State: _____ Zip Code: _____
 Tel.: _____ Fax: _____
 E-Mail Address: _____

Please 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 #'(s): _____ Expiration Date: _____
 Estimated average monthly gallons to be discharged at our facility: _____

IN CONSIDERATION OF THE GRANTING OF A HAULED WASTE 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 Allenstown Wastewater Treatment Facility Hauled Waste Regulations.
3. That my agents, my employees, my assigns, and I will comply with all provisions of the Allenstown Sewer Use Ordinance.

 Signature of Business Owner Date

NOTICE:

- SINGLE PERMIT APPLICATION FEE: \$100.00 (COVERS ALL COMPANY TRUCKS)
- ALL FEES PAID ARE NON-REFUNDABLE.
- DO NOT DISCHARGE HAULED WASTE UNTIL YOU HAVE RECEIVED YOUR PERMIT & PIN #'(S).

***** THIS SECTION FOR OFFICIAL USE ONLY *****			
Permit Fee Paid \$ _____	Received By: _____	Date _____	
Application approved: _____	Superintendent, AWTF	Date _____	Permit # _____