

**APPLICATION FOR  
HAULED WASTEWATER DISCHARGE PERMIT**

WASHINGTON TOWNSHIP MUNICIPAL AUTHORITY  
11102 BUCHANAN TRAIL EAST, WAYNESBORO, PA. 17268

NAME OF COMPANY		NAME OF OWNER(S) OR AUTHORIZED AGENT	
COMPANY STREET ADDRESS			
CITY	STATE	ZIP	TELEPHONE NUMBER
<b>INFORMATION ON VEHICLE(S) THAT WILL BE USED TO DELIVER WASTEWATERS (USE ADDITIONAL SHEETS IF NECESSARY):</b>			
VEHICLE #1	MAKE	MODEL	YEAR
LICENSE PLATE NUMBER	STATE	TANK CAPACITY (gallons)	
VEHICLE #2	MAKE	MODEL	YEAR
LICENSE PLATE NUMBER	STATE	TANK CAPACITY (gallons)	
VEHICLE #3	MAKE	MODEL	YEAR
LICENSE PLATE NUMBER	STATE	TANK CAPACITY (gallons)	
<b>LIST OTHER PERMITS HELD FOR THE TRANSPORTATION OR DISPOSAL OF WASTEWATER</b>			
PERMIT NUMBER	AGENCY	PURPOSE OF PERMIT	
PERMIT NUMBER	AGENCY	PURPOSE OF PERMIT	
PERMIT NUMBER	AGENCY	PURPOSE OF PERMIT	
<p><b>Insurance information</b></p> <p>APPLICANT SHALL SUBMIT WITH THIS APPLICATION, PROOF OF THE FOLLOWING MINIMUM INSURANCE COVERAGE. AUTOMOTIVE COVERAGE WITH BODILY INJURY LIMITS OF \$100,000/\$300,000 AND PROPERTY DAMAGE OF \$100,000.</p>			
<p><b>CERTIFICATION</b></p> <p>I HEREBY CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND AND ACCEPT FULL LEGAL RESPONSIBILITY FOR ALL DAMAGE, WHETHER DIRECT OR INDIRECT RESULTING FROM ACTIVITIES AUTHORIZED BY THIS PERMIT REQUEST. I HAVE BEEN PROVIDED A COPY OF THE HAULED WASTEWATER DISCHARGE PERMIT PROGRAM POLICIES AND PROCEDURES OF THE WASHINGTON TOWNSHIP MUNICIPAL AUTHORITY AND AGREE TO ABIDE BY THEM.</p>			
SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE			DATE