

**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
INFORMATION ON VEHICLE(S) THAT WILL BE USED TO DELIVER WASTEWATERS (USE ADDITIONAL SHEETS IF NECESSARY):			
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)	
LIST OTHER PERMITS HELD FOR THE TRANSPORTATION OR DISPOSAL OF WASTEWATER			
PERMIT NUMBER	AGENCY	PURPOSE OF PERMIT	
PERMIT NUMBER	AGENCY	PURPOSE OF PERMIT	
PERMIT NUMBER	AGENCY	PURPOSE OF PERMIT	
<p>Insurance information 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>CERTIFICATION 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