

**APPLICATION FOR PERMIT
FOR
DISPOSAL OF SEPTIC TANK WASTE
AT THE WASTE WATER POLLUTION CONTROL FACILITY
MONTVILLE, CONNECTICUT
[TO BE FILLED OUT IN TRIPPLICATE]**

1. _____
Name of Company _____ Owner / President _____
2. _____
Business Address _____ Telephone Number _____
3. _____
Residential Address _____ Telephone Number _____
4. Number of years in business _____ 5. Insurance Company _____
6. Equipment – Trucks
Registration Number. _____ Capacity _____ Type _____

[Note: Only those trucks registered above shall be considered under the permit.]

I, the undersigned duly authorized agent for the stated company, recognize the obligation of Town of Montville to provide a safe and acceptable effluent from the Water Pollution Control Facility and further recognize that any material disposed of at the plant could seriously disrupt the necessary biological conditions at the Plant which produces this effluent.

By accepting the permit I obligate myself and company to abide by all rules, regulations and policies set forth by the Town of Montville Sewer Authority or its duly authorized agent in the use of the Plant and relinquish any claims against the Town or its agents resulting from decisions, policies and regulations.

I further state that I have read and am familiar with all rules, regulations and policies as set forth by the Town Sewer Authority.

Date _____

Signature – Contractor

If Corporation Affix Seal

Permit Number _____ granted in conformance with
all rules, regulations and policy set forth by the Town of Montville Sewer
Authority. Certificate of Insurance attached.

Date _____

Superintendent Treatment Plant for Sewer Authority

Expiration of Permit _____

Dist: Orig. File, Copy – Applicant plus copy of Permit for each vehicle listed above.