

## SEPTAGE HAULER'S PERMIT APPLICATION

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Main Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

◆ **Vehicle #1** Make, Model & Year: \_\_\_\_\_

Registration No. \_\_\_\_\_ Truck Capacity: \_\_\_\_\_ gallons

Last date of the Department of Motor Vehicles Inspection: \_\_\_\_\_

ME Nonhazardous Waste Transporter No. \_\_\_\_\_, Circle Type → A, B, C Expiration Date. \_\_\_\_\_

Does this vehicle have an operating Sight Gauge/Glass/Tube? \_\_\_\_\_yes \_\_\_\_\_no

Does sight gauge/glass/tube have volume marked in gallons? \_\_\_\_\_yes \_\_\_\_\_no

State(s) vehicle is registered in: \_\_\_\_\_

Do you have an insurance policy for this vehicle? \_\_\_\_\_yes \_\_\_\_\_no

◆ **Vehicle #2** Make, Model & Year: \_\_\_\_\_

Registration No. \_\_\_\_\_ Truck Capacity: \_\_\_\_\_ gallons

Last date of the Department of Motor Vehicles Inspection: \_\_\_\_\_

ME Nonhazardous Waste Transporter No. \_\_\_\_\_, Circle Type → A, B, C Expiration Date. \_\_\_\_\_

Does this vehicle have an operating Sight Gauge/Glass/Tube? \_\_\_\_\_yes \_\_\_\_\_no

Does sight gauge/glass/tube have volume marked in gallons? \_\_\_\_\_yes \_\_\_\_\_no

State(s) vehicle is registered in: \_\_\_\_\_

Do you have an insurance policy for this vehicle? \_\_\_\_\_yes \_\_\_\_\_no

◆ **Vehicle #3** Make, Model & Year: \_\_\_\_\_

Registration No. \_\_\_\_\_ Truck Capacity: \_\_\_\_\_ gallons

Last date of the Department of Motor Vehicles Inspection: \_\_\_\_\_

ME Nonhazardous Waste Transporter No. \_\_\_\_\_, Circle Type → A, B, C Expiration Date. \_\_\_\_\_

Does this vehicle have an operating Sight Gauge/Glass/Tube? \_\_\_\_\_yes \_\_\_\_\_no

Does sight gauge/glass/tube have volume marked in gallons? \_\_\_\_\_yes \_\_\_\_\_no

State(s) vehicle is registered in: \_\_\_\_\_

Do you have an insurance policy for this vehicle? \_\_\_\_\_yes \_\_\_\_\_no

**\*\* Proof of minimum \$500,000 liability insurance to be included with completed application.  
The Lewiston-Auburn Water Pollution Control Authority must a Certificate Holder so that  
if at any time the insurance has lapsed the Authority will be notified.**

**OWNER CERTIFICATION:**

I certify that the information submitted is to the best of my knowledge true, accurate, and complete. I am aware that the possibility of revocation of this permit will be the penalty for submitting false information.

\_\_\_\_\_  
Signature of Owner Date

All information is subject to verification by Authority personnel upon receipt of this completed application. Any denied application may be appealed to the Authority's Board of Directors if such a request is received in writing by the Authority within 30 days of your notification of denial. All decisions by the Board shall be final.

-----Office Use Only-----

Date Received by the Authority \_\_\_\_\_

Date Approved \_\_\_\_\_

Permit No. \_\_\_\_\_

Date Denied \_\_\_\_\_