



Hauled Wastewater Discharge Permit Application

Septage Receiving Station
4257 Dryden Road, Moraine, Ohio 45439
(937) 781-2562

NAME OF COMPANY			NAME OF OWNER(S) OR AUTHORIZED AGENT		
COMPANY STREET ADDRESS					
CITY		STATE		ZIP	TELEPHONE NUMBER
INFORMATION ON VEHICLES THAT WILL BE USED TO DELIVER WASTEWATERS (USE ADDITIONAL SHEET IF NECESSARY)					
VEHICLE #	MAKE	MODEL		YEAR	
LICENSE PLATE #		STATE	TANK CAPACITY (gallons)		
VEHICLE #	MAKE	MODEL		YEAR	
LICENSE PLATE #		STATE	TANK CAPACITY (gallons)		
VEHICLE #	MAKE	MODEL		YEAR	
LICENSE PLATE #		STATE	TANK CAPACITY (gallons)		
LIST ANY OTHER PERMITS THAT YOU HOLD FOR THE TRANSPORTATION OR DISPOSAL OF WASTEWATERS:					
PERMIT #		AGENCY		PURPOSE OF PERMIT	
INSURANCE INFORMATION					
SUBMIT WITH THIS APPLICATION, PROOF OF AUTOMOBILE COVERAGE WITH BODILY INJURY LIMITS OF \$100,000 / \$300,000 AND A PROPERTY DAMAGE LIMIT OF \$50,000.					
CERTIFICATION					
I hereby certify under penalty of law that the information given on this form is true and correct to the best of my knowledge. I understand the risks associated with the activities authorized by this permit. I therefore accept full legal responsibility and agree to indemnify and hold harmless Montgomery County and its agents from any loss, liability, damage or costs, whether negligently caused by Montgomery County or otherwise, resulting from activities authorized or implied under this permit.					
DATE			SIGNATURE OF OWNER OR AUTHORIZED AGENT		