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| O:\Corporate Directory\Graphics\CRESTLTR.TIF**Environmental Protection Division****Hauled Waste Discharge Permit Application** |
| **Business Name:**        | **Certificate of Approval #:**       |
| **Business Address:**                         | **Mailing Address:** ([ ]  Same As Business)                         |
| **Phone:**       | **Fax:**       |
| **Email:**       |
| **Primary Contact Information** | **Secondary Contact Information** (Optional) |
| **Name:**       | **Name:**        |
| **Primary Phone Number:**       | **Primary Phone Number:**       |
| **Alternate Phone Number:**       | **Alternate Phone Number:**       |
| **Waste Types:** (Check All That Apply)[ ]  Portable Toilet Waste [ ]  Septic Tank Waste[ ]  Holding Tank Waste | **Waste Sources:** (Check All That Apply)[ ]  Residential [ ]  Commercial[ ]  Institutional [ ]  Industrial |
| Truck Information  |
| License Plate No. | Tank Volume | **Waste Types:**(Check All That Apply) | **Received FOB** | Key FOB No.(City of Peterborough Staff) |
|       |       | [ ]  Portable Toilet Waste[ ]  Septic Tank Waste[ ]  Holding Tank Waste |  |       |
|       |       | [ ]  Portable Toilet Waste[ ]  Septic Tank Waste[ ]  Holding Tank Waste |  |       |
|       |       | [ ]  Portable Toilet Waste[ ]  Septic Tank Waste[ ]  Holding Tank Waste |  |       |
|       |       | [ ]  Portable Toilet Waste[ ]  Septic Tank Waste[ ]  Holding Tank Waste |  |       |
|       |       | [ ]  Portable Toilet Waste[ ]  Septic Tank Waste[ ]  Holding Tank Waste |  |       |
| I, the undersigned hereby declare that, to the best of my knowledge, the information contained in this application is complete and accurate. In addition, I am aware of the requirements for use of the City of Peterborough’s hauled waste receiving facility as outlined in the City of Peterborough’s hauled waste receiving policies and procedures.  |
| Signature: | Date: |