

6. Method of guarantee that facility will be completed. Attach documents as proof such as Bond, Contracts, etc. _____

7. Sewage Handling Permit Holder _____
Name and Number of Permit Holder
Address: _____ Telephone: _____
(Attach copy of contract with Sewage Handling Permit Holder)

8. Time period requested for pump and haul (maximum time one year) from _____
to _____

9. Method of bonding to insure pump and haul for the specified time period in 8 above _____

10. Quantity of sewage to be hauled per day _____ gallons.

11. Route(s) of transport _____

12. Time of day for transport _____

13. Emergency response capability _____

14. Disposition of Sewage _____
(Attach a copy of agreement with owner of receiving treatment facility)

15. Conference date requested: _____

16. Concurrence of Local Political Subdivision _____
Name _____ Date _____
Title _____

Department Use

1. Contract with Handler having valid sewage handling permit Yes No

2. Receiving facility satisfactory Yes No
Comments _____

3. Bonding and/or assurances approved by Bureau and Attorney General Yes No
Comments _____

4. Plans and Specifications for storage facility satisfactory Yes No Not Required

5. Construction Permit issued for storage facility Yes No Not Required
Permit No. _____ Date _____

6. Storage Facility Inspected Yes No
Comments _____

7. Recommended Pump & Haul Permit Be Issued

_____ Date _____
Sanitarian

8. Authorize Pump & Haul Permit To Be Issued

_____ Date _____
Supervisory Sanitarian