

HANOVER COUNTY
DEPARTMENT OF PUBLIC UTILITIES
P.O. Box 470
Hanover, Virginia 23069-0470



APPLICATION FOR INDIRECT DISCHARGE PERMIT

Permission is hereby requested for the following vehicles to discharge truck-hauled septic and grease trap wastes into the County of Hanover's sewerage system.

| DMV License # | Vehicle Type/Year | Color | Total Capacity | Capacity Intervals at Site Gauge |
|------------------|----------------------|-------|-------------------|-------------------------------------|
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Company Name:

Mailing Address:

Phone Number: _____ **Tax ID #** _____

Authorized Representative:

(Typed Name)

(Title)

I certify that no industrial or hazardous wastes will be discharged into the Hanover County sewerage system. I further certify that I shall comply with the terms and conditions of the attached Truck Hauled Waste Policy and all provisions of the County Sewer Code Section 20.

I agree to pay all applicable service charges for wastes delivered by my company. I understand that this agreement will be terminated for non-payment of service charges.

Signed: _____ **Date:** _____