



Columbia Wastewater System
1244 Treatment Plant Road
Columbia, Tennessee 38401
Phone 931.560.1001

Application for Hauled Septage Discharge Permit

Company Information

Name of Company _____

Owner Name _____

Street Address _____

City, State Zip _____

Email Address _____

Phone Numbers Office () Mobile () _____

In Case of Emergency Contact: Phone () _____

Mailing Address (if different) _____

Mailing City, State Zip _____

Vehicle Information * **PROOF OF INSURANCE REQUIRED FOR VEHICLES**

#1 : Tank Capacity _____

 Make/Model _____

 VIN _____ [] Insurance Proof Attached

Tag#, State & County _____

#2 : Tank Capacity _____

 Make/Model _____

 VIN _____ [] Insurance Proof Attached

Tag#, State & County _____

#3 : Tank Capacity _____

 Make/Model _____

 VIN _____ [] Insurance Proof Attached

Tag#, State & County _____

For additional vehicle registrations, attach a sheet and provide the required information.

Waste Transport and Disposal Information

List ALL Waste Types & Origin/Source: <i>Examples: Septic Tank Waste from households; Oil or Grease from Restaurants; Chemical Waste from Industries; Used Oil from Service Centers, etc.</i>	Method of Disposal Process & Disposal Site: <i>Must include Disposal Company Name, Address, City/State/Zip, Contact Person, and Phone Number. Provide any additional information with attachments if necessary.</i>
1.	
2.	
3.	

Permits – Current Disposal Permits, Contracts, and/or Authorizations:

[] STATE of TN Septic Tank Pumping Contractor Permit copy attached. Expires: _____
A current and active State of TN Septic Tank Pumping Contractor Permit is required.

Issuer Name, Address, & Phone:	Issuer Name, Address, & Phone:
Permit Number:	Permit Number:
Effective Date:	Expiration Date:
Effective Date:	Expiration Date:

Add additional pages if necessary

Acknowledgement and Agreement

The information herein has been reviewed and is true, accurate and complete. Upon issuance, the Hauled Septage Discharge Permit terms, conditions and requirements will be reviewed with and met by all representatives of our company at all times. Failure to meet or comply with permit conditions shall result in permit suspension, permanent revocation, and/or penalties as outlined in Title 18 of the Columbia Municipal Code. Agreement is indicated with signature:

SIGNATURE _____ DATE _____

Print Name & Title/Position: _____

~Notary~ State of _____ County of _____

WITNESS OUR HANDS AND OFFICIAL SEAL this the _____ day of _____, _____.

(Affix Seal)

 Notary Public Signature
 Commission Expiration: _____