



Allenstown Sewer Commission

36 Canal St.
Allenstown, New Hampshire 03275
Tel. (603) 485-5600 Fax (603) 485-2218

APPENDIX D-SEPTAGE DISCHARGE PERMIT APPLICATION

Company Name:
Address:
Mailing Address:
City: State: Zip Code:
Telephone # Fax #

Name of Business Owner:
Mailing Address of Owner:
City: State: Zip Code:
Owners Telephone #

Insurance Company:
Policy #
(Attach Certificate of Insurance)

State Septage Hauler Permit #
Expiration Date:

IN CONSIDERATION OF THE GRANTING OF A SEPTAGE DISCHARGE PERMIT THE UNDERSIGNED HEREBY CERTIFIES:

- 1. That I am famlllar with the information contained in this application and, that to the best of my knowledge and belief, such information is true, complete, and accurate.
2. That I have received a copy of, read, and understand all provisions of the Suncook Wastewater Treatment Facility Septage Regulations.
3. That my agents, my employees, assigns, and I will comply with all provisions of the Allenstown Sewer Use Ordinance.

Signature of Business Owner Date

NOTICE:

\$50.00 PERMIT FEE: NON-REFUNDABLE
DO NOT DELIVER SEPTAGE UNTIL YOU RECEIVE YOUR SEPTAGE DISCHARGE PERMIT

*****THIS SECTION FOR OFFICIAL USE ONLY*****
Permit Fee Paid \$ Received By: Date:
Application approved: Permit #
Superintendent, SWTF Date