



# Town of Ashland, New Hampshire

20 HIGHLAND STREET • P.O. BOX 517 • ASHLAND, NEW HAMPSHIRE 03217-0517  
TOWN OFFICE (603) 968-4432 FAX (603) 968-3776

## Hauled Waste Discharge Permit

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

Mailing Address of Owner: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owners Telephone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ (Attach Certificate of Insurance)

State Septage Hauler Permit #( 's) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Vehicles used to haul:

Make: \_\_\_\_\_ Capacity: \_\_\_\_\_

Make: \_\_\_\_\_ Capacity: \_\_\_\_\_

Make: \_\_\_\_\_ Capacity: \_\_\_\_\_

Estimated average monthly gallons brought in: \_\_\_\_\_

THE UNDERSIGNED HERBY CERTIFIES:

1. That I have received a copy of, read and understand all the provisions of the Ashland Wastewater Treatment Facility Septage Regulations
2. That my employees and I will comply with all provisions of the Ashland Wastewater Treatment Facility Septage Regulations
3. That the information provided in this application, to the best of my knowledge, is true, complete and accurate
4. I have attached the \$30.00 non-refundable application fee

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date