

**GREEN BAY METROPOLITAN SEWERAGE DISTRICT**

**HAULED WASTE PERMIT APPLICATION**

For the period October 1, 2018 through September 30, 2019

Name of Licensed Hauler \_\_\_\_\_

Address of Licensed Hauler \_\_\_\_\_

Telephone Number \_\_\_\_\_

Type of Hauled Waste Anticipated (Check all that apply):

Septic     Holding     Leachate     Industrial     Other

If other, describe \_\_\_\_\_

Estimated discharge in gallons per week for each type

Septic \_\_\_\_\_ Industrial \_\_\_\_\_

Holding \_\_\_\_\_ Other \_\_\_\_\_

Leachate \_\_\_\_\_

Trucks that will be using the site:

Truck #	Capacity (gallons)
_____	_____
_____	_____
_____	_____
_____	_____

***Please provide a list of eight references for inquiry into accounting histories.***

A Certificate of Insurance, as described in Chapter 8 of the GBMSD Ordinance, must be submitted with this application.

A non-refundable filing fee of \$ 25 will be assessed for processing this application.

Applicant's Name (printed): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return application to: Pretreatment Program Coordinator  
Green Bay Metropolitan Sewerage District  
2231 N. Quincy Street  
Green Bay, WI 54302