

GREEN BAY METROPOLITAN SEWERAGE DISTRICT

HAULED WASTE PERMIT APPLICATION

For the period October 1, 2019 through September 30, 2020

Name of Hauling Company _____

Address of Hauling Company _____

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)
_____	_____
_____	_____
_____	_____
_____	_____

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 invoiced for processing this application. Do NOT send payment with completed 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