



WVSA WYOMING VALLEY SANITARY AUTHORITY

Hauled Waste Permit Application

New:

Renewal:

Applicant Business Name _____

Business Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Mailing Address, if other than the above:

Street _____

City _____ State _____ Zip _____

Primary Contact _____ Title _____ Telephone _____

Alternate Contact _____ Title _____ Telephone _____

Vehicle Type					
Truck #					
License #					
Capacity (Gallons)					

Does your facility haul wastes other than domestic septic tank wastes? If yes, please use the space below to list the other types of wastes and where the wastes originate. Yes No

I have personally examined and am familiar with the information contained in this application and believe that the submitted information is true, accurate and complete. In addition, I am aware of the Hauled Waste Receiving Rules of the Wyoming Valley Sanitary Authority and agree to meet them at all times. Failure to comply with the conditions may result in the immediate suspension of the authorization and/or possible penalties as outlined in the Hauled Waste Discharge Permit.

Printed Name/Title _____

Signature _____ Date _____