

**SEPTAGE DISPOSAL PERMIT APPLICATION
BRUNSWICK COUNTY PUBLIC UTILITIES**

NAME OF SEPTAGE DISPOSAL FIRM: _____

NCS #: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____

TRUCK INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE TRUCKS THAT MAY BRING SEPTAGE WASTE TO THE COUNTY FOR DISPOSAL. ONLY TRUCKS SHOWN BELOW WILL BE ALLOWED TO DISCHARGE WASTE AT THE COUNTY FACILITY.

	MAKE (Ford, GMC, etc)	LICENSE PLATE NUMBER	TANK CAPACITY (gallons)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

THERE IS AN ANNUAL FEE OF \$100 PER TRUCK THAT WILL BE CHARGED FOR DISPOSAL AT THE COUNTY FACILITY. CHECK/MONEY ORDER PAYABLE TO *BCPU* (BRUNSWICK COUNTY PUBLIC UTILITIES).

NUMBER OF TRUCKS: _____ X \$100 = _____
THE ANNUAL REGISTRATION FEE MUST ACCOMPANY THIS APPLICATION.

AGREEMENT

- I, the undersigned applicant, acknowledge that I have received a copy of the County's Septage Receiving Operating Plan and agree to comply with the requirements outlined in the plan. I understand that violation of the provisions in the Septage Receiving Operating Plan will result in the termination of my ability to discharge waste at the County-owned facility.

AUTHORIZED REPRESENTATIVE: _____
(Signature)

DATE: _____

COUNTY USE

APPROVED DENIED by _____ Date _____