

CITY OF SHEBOYGAN
HAULED WASTEWATER DISPOSAL PERMIT APPLICATION

Business Name _____

Address _____

City, State, Zip _____

Billing (if different than above):

Name _____

Address _____

City, State, Zip _____

Owner _____ Phone Number _____

Contact _____ Phone Number _____

Email Address _____

DNR License # _____

Type of waste(s) requesting approval for disposal:

___ Holding tank Approximate volume _____ gallons per _____

___ Septic tank Approximate volume _____ gallons per _____

___ Portable toilet Approximate volume _____ gallons per _____

___ Other Approximate volume _____ gallons per _____

If other, describe _____

If available, please include a copy of any laboratory analysis of this waste.

The following items must accompany this permit application:

1. A current certificate of public liability insurance in the amount not less than \$100,000.00 in accordance with Municipal Code Section 122-340(c).
A faxed or emailed copy of the insurance is acceptable.
2. A permit fee in the amount of \$100.00 made payable to the City of Sheboygan.

Signature _____ Date _____

Please return completed application to: **Industrial Wastewater Supervisor, Sheboygan Regional WWTP, 3333 Lakeshore Drive, Sheboygan, WI 53081**

Phone: (920) 459-3464 Fax: (920) 459-3463 Email: markw@sheboyganwwtp.com