



SEPTAGE PERMIT APPLICATION
Environmental Protection Division
300 Winston St.
Manchester, NH 03103
Tel. 624-6341 Fax. 628-6234

Company Name: _____

Address: _____

Mailing Address: _____

Telephone Number: _____ **Fax Number:** _____

Name of Owner: _____

Mailing Address of Owner: _____

Owner's Telephone Number: _____

Insurance Co.: _____

Policy Number: _____

(Attach Certificate of Insurance)

State Permit Number: _____ **Expiration Date:** _____

Make & Model Year of Vehicle(s)	Size of Tank on Truck (Gallons)	Motor Vehicle Registration State & No.	City/Town
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that I am familiar with the information contained in this application and, that to the best of my knowledge and belief, such information is true, complete, and accurate.

Signature of Owner

Date