

APPLICATION FOR Septage Disposal

To the ***Nekoosa Common Council***: The undersigned hereby applies between August 1 and September 1 for a Septage Disposal Permit as described on this application. The undersigned agrees that all work will be done in accordance with the Nekoosa Sewer Utility ordinance and all other ordinances of the City of Nekoosa and with all laws of the State of Wisconsin with the information shown hereon.

(Please Print)

<p>Licensed Disposer</p> <p>Name: _____ Owner</p> <p>Address: _____ _____</p> <p>Phone: _____</p> <p>License Number: _____</p> <p>(Attach Certificate of Insurance) Property Liability Insurance Coverage must be \$100,000 or greater.</p>	<p><i>Location of Generated Septage</i></p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>Phone: _____</p>
<p><i>Type of Septage: (Check One)</i></p> <p>Residential <input type="checkbox"/></p> <p>Commercial <input type="checkbox"/></p> <p>Industrial <input type="checkbox"/></p>	<p>Quantity: _____ gallons</p> <p>Estimated Quality of Septage: _____</p> <p>Feed Rate of Discharge: _____</p>

This Space is for City Office Use Only

Fee: \$ _____ Receipt#: _____ Receipt Date: _____

Application Approved _____ 20_____

Signed: _____

(Zoning/Building Inspector) - Requires Council Approval at September Meeting