

UTILITIES

70 Attachment 2

City of Biddeford

Waste Disposal Permit

Permit No. _____

Owner's Name: _____

Owner's Address: _____

Telephone Number: _____

Location of Tank, Cesspool or System: (circle one) _____

Date and Time Work Performed: _____

Signature of Applicant: _____

Contractor's Name: _____

Contractor's Address: _____

D.E.P. License Number: _____

Volume of Septage Removed: _____

Signature of Facility Operator: _____

Date: _____

Note: This Waste Disposal Permit Certificate will require the city to preprint with serial numbers, about 600 per year with the last digits indicating what year they are to be used in. The waste disposal permit certificate shall be a five-copy certificate, self-copy type where only the top original copy is written on.