



# CONTRACT SEPTAGE HAULER DISCHARGE PERMIT APPLICATION

COMPANY NAME	NCS PERMIT #	OWNER	
STREET ADDRESS		CITY/STATE/ZIP	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE ADDRESS)		CITY/STATE/ZIP	
CONTACT NAME (BILLING)		PHONE NO.	
E-MAIL ADDRESS		FAX NO.	
DAYS OF OPERATION		HOURS OF OPERATION	
INFORMATION ON VEHICLE(S) :			
YEAR/MAKE/MODEL	TAG/PLATE NO.	VIN NO.	TANK CAPACITY (GALLONS)
<p>In consideration of the granting of a contract septage hauler discharge permit, the owner agrees to comply with all the requirements and provisions of the sewer use ordinance of the Water and Sewer Authority of Cabarrus County and any other applicable state and federal regulations.</p> <p>The information contained in this application is accurate and complete, to the best of my knowledge.</p>			
OWNER'S SIGNATURE			DATE