

The Ocean County Utilities Authority
PO Box P, Bayville, NJ 08721 Phone: 732-269-4500

Septage Hauler's Agreement Application

1. Company Name: _____
Street Address: _____
Mailing Address: _____
City / State / Zip: _____
Phone #: _____ Fax#: _____

2. Name of Contact Official: _____
Title: _____

3. Number of Septage Trucks intended to use our facility: _____

License Plate #	Truck Tank Capacity	Does the truck have a visual level control or meter:	Yes	No
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____

4. NJDEP Solid Waste Administration Permit #: _____

5. Anticipated gallons of septage per day: _____ Days / Week: _____

6. Has your company ever discharged into the OCUA Septage Facility: _____

7. The hauler is required to carry \$1,000,000 in General Liability insurance. Is this insurance currently in effect: _____

Name of Insurance Company: _____

Address of Ins. Co.: _____

Contact Person: _____ Phone #: _____

Certification

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete, and accurate.

Name of signing official: _____

Title: _____

Signature: _____ Date: _____