



## APPLICATION FOR SEPTAGE REMOVAL PERMIT

Pursuant to rules and regulations of the Georgia Department of Human Resources Chapter 290-5-26, the undersigned hereby applies for a septage removal permit and provides the following information as required by rule 290-5-26.11 thereof.

|   |   |
|---|---|
| Name of Business  | Phone Number  |
| Business Address (Street No. and Name)  | (City) <span style="float: right;">(Zip Code)</span>          |
| Mailing Address   |   |
| Method of Removing Septage  |   |
| Method of Transporting Septage  | Landowner   |
| Final Disposal to Approved Facility<br><input type="checkbox"/> Subsurface Application <span style="margin-left: 150px;"><input type="checkbox"/> By Discharge to Public Sewage</span><br><input type="checkbox"/> Surface Handling Facility <span style="margin-left: 100px;"><input type="checkbox"/> Septage Handling Facility</span><br><input type="checkbox"/> Burial |   |
| Written Permission of Proper Official or Landowner Accompanies This Application <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| Remarks:  |   |
|   |   |
|   |   |
| Applicant's Name  | Applicant's Signature <span style="float: right;">Date</span> |
| Applicant's Full Address  |   |

### SEPTAGE REMOVAL PERMIT

A permit is hereby granted to applicant hereon for the purpose of operating the septage removal business described above in accordance with rules and regulations to the Georgia Department of Human Resources, chapter 290-5-26 inclusive. This permit is not valid unless properly signed below. This permit expires 12 months from date of issue.

|               |            |                          |
|---------------|------------|--------------------------|
| Permit Number | Tec Number | Validated by (Signature) |
| Date of Issue | Title      |                          |