



CITY OF DEVILS LAKE
423 6TH ST NE
DEVILS LAKE, ND 58301

APPLICATION FOR WASTEWATER TREATMENT FACILITY DISPOSAL PERMIT

Name of Business _____

Business Address _____

Business Phone _____ Cell Phone _____

ND Health Department Waste Hauling License Number _____

VEHICLE INFORMATION:

VEHICLE 1: Year/Make/Color _____ License Plate No _____

Serial No _____ Size of tank (gallons) _____

VEHICLE 2: Year/Make/Color _____ License Plate No _____

Serial No _____ Size of tank (gallons) _____

My signature on this application attests to my obligation and agreement to abide in all State regulations and City ordinances regarding allowable effluents and quantities which may be deposited and disposed of in a permitted wastewater disposal facility and City policy regarding manner of disposal.

I also acknowledge that failure to provide required documentation on a weekly basis to the Devils Lake City offices for each load disposed of in the City's wastewater treatment facility or failure to make payment within 30 days of being billed by the City will result in my loss of privilege to use such facility.

Applicant further agrees to indemnify and save harmless the City from and against all loss, damage, injury, liability and claims for injury.

Signature of Authorized Representative

Date

The following items MUST be attached to this application:

- **Annual permit fee of \$100 payable to the City of Devils Lake valid July 1 through June 30 of each year**
- **A copy of Contractor's ND Health Department Waste Hauling Permit**
- **A copy of the Contractor's Certificate of Insurance (General Commercial Liability)**