



**CITY OF DEVILS LAKE**  
**423 6<sup>TH</sup> 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)**