

**PLEASE READ INSTRUCTIONS THOROUGHLY!**

Please complete the attached Wastewater Treatment Facility Disposal Permit application and return it with the following items to the City of Jamestown, 102 3<sup>rd</sup> Avenue SE, Jamestown, ND 58401:

1. Permit fee of \$85.00 (Check should be made payable to the City of Jamestown)
2. Copy of Contractor's Certificate of Insurance:  
(General Commercial Liability)
3. Copy of Contractor's ND State Waste Hauling License

CITY OF JAMESTOWN  
102 3RD AVENUE SE  
JAMESTOWN, NORTH DAKOTA 58401

TELEPHONE 701-252-5900  
FAX 701-252-5903

**APPLICATION FOR WASTEWATER TREATMENT FACILITY DISPOSAL PERMIT  
JANUARY 1ST THROUGH DECEMBER 31ST**

**PERMIT FEE: \$85.00**

**A COPY OF THE CONTRACTOR'S ND STATE WASTE HAULING PERMIT MUST ACCOMPANY THIS APPLICATION.**

**A COPY OF THE CONTRACTOR'S CERTIFICATE OF INSURANCE : GENERAL COMMERCIAL LIABILITY MUST ACCOMPANY THIS APPLICATION.**

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**NAME OF APPLICANT:** \_\_\_\_\_

**RESIDENCE ADDRESS:** \_\_\_\_\_

**NAME OF BUSINESS:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP CODE

**BUSINESS PHONE NO.** \_\_\_\_\_ **CELL NO.** \_\_\_\_\_

**ND STATE HEALTH DEPARTMENT WASTE HAULING LICENSE NUMBER(S)** \_\_\_\_\_  
\_\_\_\_\_

**VEHICLE INFORMATION:**

**VEHICLE 1** Year & Make \_\_\_\_\_ License Plate No. \_\_\_\_\_  
Serial No. \_\_\_\_\_ Size of Tank \_\_\_\_\_ Gallons

**VEHICLE 2** Year & Make \_\_\_\_\_ License Plate No. \_\_\_\_\_  
Serial No. \_\_\_\_\_ Size of Tank \_\_\_\_\_ Gallons

My signature on this application attests to my obligation and agreement to abide by 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 to the city 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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Pursuant to City of Jamestown Resolution dated January 5, 2009, establishing policy.