



# MOUNT HOLLY MUNICIPAL UTILITIES AUTHORITY

Date Received: \_\_\_\_\_

Septage/Hauler Application

PLEASE TYPE OR PRINT LEGIBLY

Company Name: \_\_\_\_\_

Parent or Affiliated Company Name(s): \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Emergency Phone Number (24 hour): \_\_\_\_\_ Contact Name: \_\_\_\_\_

e-mail Address: \_\_\_\_\_ Company website address: \_\_\_\_\_

NJDEP registration number (Division of Solid & Hazardous Waste): \_\_\_\_\_

Year in which septage (or hauling) activities began: \_\_\_\_\_

### Environmental Permits Held

Indicate all environment permits held by this facility (or attach list). Include permits issued by other sewerage authorities or municipal utility authorities.

Permit Y/N	Permit Type	Permit #	Regulated Activity or Equipment
	Solid Waste Facility		
	Discharge to Surface Water		
	Discharge to Ground Water		
	Significant Indirect User		
	Air Pollution Control		
	Small Quantity Generator		
	Other:		
	Other:		
	Other:		



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## Compliance History

For the most recent five years, indicate all business related civil or criminal enforcement actions *initiated* for violations of permits listed above or any Federal, State or local statutes, ordinances or regulations. Also list any administrative or judicial orders (or attach list).

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I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

By: \_\_\_\_\_  
Person Signing

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Title: \_\_\_\_\_



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## Hauled Wastes Credit Application

Please be advised that submission of this form does not guarantee credit privileges. All dischargers will be required to pay for at least the first load in certified funds at the time of disposal. All invoices are due and payable upon receipt. Following a 30 day grace period, interest at the rate of 1.5% per month will accrue. If you have any questions or require assistance in completing this form, please contact the Billing Clerk at 609-267-0015. To avoid delays in service, or errors in billing, please notify the MHMUA promptly of any changes to this information.

PLEASE TYPE OR PRINT LEGIBLY

	Generator	Billing (if different)
Company Name		
Mailing Address		
City, State, Zip		
Phone		
Accounts Payable Contact		
Bank's Name		
Bank's Address		
Bank's Phone		

PLEASE PROVIDE US WITH AT LEAST THREE CREDIT REFERNCES.

Company Name	Phone	Contact Person



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## Fleet Information Sheet

The information requested below will be entered into the MHMUA's database system that is used to generate receipts for wastes discharged to MHMUA, and invoices for same. Please complete and return this form to the attention of David Reich. If you will be hauling your wastewater yourself (i.e. septage), list every trailer (or tank truck) that will be using our facilities. If you will be contracting for hauling services, please determine which trailers (or tank trucks) will be used for your project, and enter only that equipment in the lower table. If you have any questions or require assistance in completing this form, please contact David Reich, Industrial Pretreatment Coordinator at 609-267-1110. To avoid delays in service, or errors in billing, please notify the MHMUA promptly of any changes to this information.

PLEASE TYPE OR PRINT LEGIBLY

	<b>Generator</b>	<b>Hauler (if different)</b>
Company Name		
Mailing Address		
City, State, Zip		
Phone Emergency		
Contact Person		

NJDEP registration number: \_\_\_\_\_

	<b>License Number</b>	<b>Tank Capacity (gallons)</b>	<b>Owner (if other than hauler)</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Form completed by: \_\_\_\_\_

Date: \_\_\_\_\_

② MHMUA  
decal

③ Tank  
capacity



NJDEP decal ①

④ NJDEP  
registration #