

City of Bardstown

220 N. Fifth Street
Bardstown, Kentucky 40004
Tel. No. 877-348-5947
Fax No. 502-348-2433

SEPTIC WASTE HAULER PERMIT APPLICATION

SECTION A - GENERAL INFORMATION

A.1. Facility Name _____

A.2. Standard Industrial Classification (SIC) Code(s) _____, _____, _____

A.3. Mailing Address _____

Street/P.O. Box

City

State

Zip Code

A.4. Facility Address (if different) _____

Street/P.O. Box

City

State

Zip Code

A.5. Facility Contact _____

Name

Title

Area Code - Telephone - Extension

Email

I certify under penalty of law that this document and all attachments were prepared under my supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Date

Title

Phone

SECTION B – HAULING INFORMATION

B.1. List number of days that waste will be hauled per week:

_____days/week

B.2. List type of waste that will be hauled:

Septic Tanks_____ Portable Toilets_____ Other_____

B.3. List maximum tank size in gallons:

_____gallons

B.4. List any sanitizing or other chemicals that may be used:

B.17. General remarks you would like to make: _____
