

City of Grand Island

Discharge Permit Application

Please send the completed application to:

City of Grand Island
Wastewater Regulatory / Compliance
508 S. Shady Bend Road
Grand Island, NE 68801



SECTION 1: GENERAL INFORMATION

Name of Driver _____

Title _____ Phone _____

Email _____

Address _____
Street or PO Box

_____ City State Zip

Is the operator identified above the owner of the Mobile Food Service Establishment?

Yes No

If no, provide the name and address of the business owner below and submit a copy of the contract, other documents indicating the operator's scope of responsibility for the facility, and/or documentation or registration of the ownership corporation.

Name of Owner _____

Title _____ Phone _____

Email _____

Address _____
Street or PO Box

_____ City State Zip

SECTION 2: VEHICLE INFORMATION

License Number _____

Date Issued _____ Expiration Date _____

1. Vehicle Year/Make _____ Tank Capacity _____

Vehicle License Plate Number _____ Licensing State _____

SECTION 3: WASTE TRANSPORTATION INFORMATION

Do any of these vehicles transport wastes other than household septic tank wastes?

Yes No

If yes, please list below the other types of wastes (e.g. chemical toilet waste, chemical wastes, oil, grease, used motor oil), where these other wastes originate (e.g. industry, restaurant, gas station), and where these wastes are disposed of (e.g. chemical recycling, renderer, hazardous materials facility).

Type(s) of Waste _____

Type of Waste _____

SECTION 4: CERTIFICATION STATEMENT

I have personally examined and I am familiar with the information given in this application and I believe that the submitted information is true, accurate, and complete. In addition, I am aware of the conditions and requirements for using the septic dump facility and agree to meet them at all times. Failure to comply with all conditions may result in the immediate suspension or termination permission to use the disposal site and/or possible penalties.

Name _____ Title _____

Signature Date

