

**HANOVER COUNTY**  
**DEPARTMENT OF PUBLIC UTILITIES**  
**P.O. Box 470**  
**Hanover, Virginia 23069-0470**



**APPLICATION FOR INDIRECT DISCHARGE PERMIT**

Permission is hereby requested for the following vehicles to discharge truck-hauled septic and grease trap wastes into the County of Hanover's sewerage system.

DMV License #	Vehicle Type/Year	Color	Total Capacity	Capacity Intervals at Site Gauge

**Company Name:**

\_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Tax ID #** \_\_\_\_\_

**Authorized Representative:**

\_\_\_\_\_

(Typed Name)

\_\_\_\_\_

(Title)

I certify that no industrial or hazardous wastes will be discharged into the Hanover County sewerage system. I further certify that I shall comply with the terms and conditions of the attached Truck Hauled Waste Policy and all provisions of the County Sewer Code Section 20.

I agree to pay all applicable service charges for wastes delivered by my company. I understand that this agreement will be terminated for non-payment of service charges.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_