

Pursuant to CWA Authority, Inc. ("Authority") Resolution No. CWA 2-2011, this application form must be completed by applicants seeking permission to haul wastewater to the Belmont Advanced Wastewater Treatment Plant.

Please submit the complete application to Pretreatment@citizensenergygroup.com

APPLICANT INFORMATION:

Name:

Address:

Contact Name:

Phone #:

e-mail:

TYPE OF WASTEWATER BEING DISCHARGED (check all that apply):

Domestic / Residential Sewage ☐

Restaurant Grease Traps ☐

Commercial / Industrial Wastewater ☐

Other – Please describe:

TRUCK INFORMATION: Attach additional sheet if necessary.

VIN:

VIN:

VIN:

TANK
VOLUME:

TANK
VOLUME:

TANK
VOLUME:

OTHER ID:

OTHER ID:

OTHER ID:

VIN:

VIN:

VIN:

TANK
VOLUME:

TANK
VOLUME:

TANK
VOLUME:

OTHER ID:

OTHER ID:

OTHER ID:

INSURANCE OF LIABILITY:

Proof of \$1 Million combined single limit automobile liability insurance is required for the disposal at Belmont AWT.

The certificate of insurance should be submitted directly to A.I. King Insurance Agency, Inc. via e-mail to CEGcoi@aikinginsurance.com or fax: 317-841-6006 Attn: Certificate of Insurance Compliance Department.

Please note that the Certificate of Liability Insurance should only reference CWA Authority, Inc. and no other certificate holder should be listed.

I certify under the penalty of law that this document and all attachments were prepared under my direction or 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 under my responsibility 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.

Authorized Representative Signature _____ Date: _____