



SOUTH PLATTE
RENEW
OWNED BY LITTLETON/ENGLEWOOD

**South Platte Renew
Septic Waste Hauling – Application for Permit**

Section - A - General Information (Please Print)

Business Name: _____

Mailing Address: _____

_____ Zip _____

Telephone: (_____) _____ Mobile: (_____) _____

Facility Address (if different from mailing address):

E-mail address _____

E-mail address _____

Name of Chief Executive / President / Owner:

Name: _____ Telephone: _____

Title: _____ Mobile: _____

Contact Person(s):

Name: _____ Name: _____

Title: _____ Title: _____

Telephone: _____ Telephone: _____

Mobile: _____ Mobile: _____

E-mail address _____ E-mail address _____

Section - B - Service Information

Please estimate Domestic Sanitary Septic Tank and Portable Toilet wastes per month and indicate if any Chlorination is provided.

Domestic Sanitary Septic Tanks: _____ to _____ Gal. per month

Portable Toilet wastes: _____ to _____ Gal. per month

Chlorination Provided? Yes No

Chemical used: _____



**SOUTH PLATTE
RENEW**
OWNED BY LITTLETON/ENGLEWOOD

Section - B - Service Information (cont'd)

Geographic Areas in which your company will operate

Section - C - Timelines

When would you like this permit to **start? (Effective Date): _____

Times available for initial consult with SPR Septic Program Administrator:

(Date): _____ (Time): _____

(Date): _____ (Time): _____

(Date): _____ (Time): _____

(Date): _____ (Time): _____

(Date): _____ (Time): _____

** Please allow 30 days for permit processing

Section - D - Signature

By signing this form, you acknowledge the information provided to the SPR is true and you further acknowledge that it is your responsibility to inform the SPR of any changes to this information.

Name (Printed): _____

Signature: _____

Date: _____