

Millersburg Area Authority
101 WEST STREET • MILLERSBURG, PA 17061 • 717-692-4711

DATE: _____

WASTE HAULER COMPANY NAME: _____

ORIGIN OF WASTE:

1. PROPERTY OWNER: _____

PROPERTY ADDRESS: _____

MUNICIPALITY: **UPPER PAXTON TOWNSHIP** **MILLERSBURG BOROUGH**

WASTE DISCHARGED: **SEPTIC** **HOLDING TANK** **OTHER**

QUANTITY OF WASTE TO BE DISCHARGED: _____ GALLONS

2. PROPERTY OWNER: _____

PROPERTY ADDRESS: _____

MUNICIPALITY: **UPPER PAXTON TOWNSHIP** **MILLERSBURG BOROUGH**

WASTE DISCHARGED: **SEPTIC** **HOLDING TANK** **OTHER**

QUANTITY OF WASTE TO BE DISCHARGED: _____ GALLONS

3. PROPERTY OWNER: _____

PROPERTY ADDRESS: _____

MUNICIPALITY: **UPPER PAXTON TOWNSHIP** **MILLERSBURG BOROUGH**

WASTE DISCHARGED: **SEPTIC** **HOLDING TANK** **OTHER**

QUANTITY OF WASTE TO BE DISCHARGED: _____ GALLONS

DISCHARGE DATE: _____

DISCHARGE TIME: _____

TOTAL SEPTIC DISCHARGE: _____

TOTAL HOLDING TANK: _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I UNDERSTAND THAT THIS PERMIT IS FOR THE DISCHARGE OF WASTEWATER FOR **SAID PROPERTIES ONLY**, AT THE DATE LISTED ABOVE.

SIGNATURE OF HAULER

APPROVAL FOR DISCHARGE

PAYMENT DEFERRED

DATE: _____

PAYMENT RENDERED

MAA REPRESENTATIVE

\$ _____
PAYMENT DEFERRED - RENDERED