

Shelbyville Municipal Water & Sewer Commission

Application For Non-Hazardous Liquid Waste Disposal

1. Name of business _____
2. Physical address of business _____
3. City _____ State _____ Zip _____
4. Mailing address of business _____
5. City _____ State _____ Zip _____
6. Name of owner _____
7. Owner/Manager of operations _____
8. Business telephone(s) _____ Cell phone _____ Emergency _____
9. E-Mail Address _____
10. Transport tanker size _____

11. Indicate below all the types of liquid waste to be transported:

- | | |
|--|------------------|
| <input type="checkbox"/> Grease Trap Waste | Tank Size: _____ |
| <input type="checkbox"/> Chemical Toilet Waste | Tank Size: _____ |
| <input type="checkbox"/> Septic Tank Waste | Tank Size: _____ |
| <input type="checkbox"/> Commercial Septage | Tank Size: _____ |

12. Name and contact information of drivers:

1. _____
2. _____
3. _____
4. _____
5. _____

Signature of Owner/Manager

Date

Please return to:

Shelbyville Municipal Water and Sewer
1059 Washington Street
Shelbyville, KY 40065
Phone: (502)633-2840