



Lancaster Area Sewer Authority

Trucked Waste Hauler License Application

Hauler Information:

Company Name	
Address	
Municipality / County	
Phone Number	
Email Address	
Name of Responsible Individual	
Title of Responsible Individual	

Vehicle Information:

Make	Year / Model	State / License Plate #	GVW	Volume	Waste Management Authority License #

Waste Information:

Describe the waste(s) that will be transported and discharged at the treatment facility.	
Estimate the total maximum volume of waste to be transported and discharged daily to the treatment facility.	

Certification: I hereby affirm under penalty of perjury that the information on this form and any attachments submitted herewith is true to the best of my knowledge and belief. In addition to the conditions contained in the discharge license, the owner accepts full legal responsibility for all damage, direct or indirect, arising from the activities authorized by the discharge license. The owner agrees to indemnify and save harmless the Lancaster Area Sewer Authority from suits, actions, damages and costs of every name and description resulting from the discharge of wastes. Failure to meet the requirements and conditions of the discharge license will result in immediate revocation of all permits and licenses.

Printed Name of Owner or Authorized Representative	
Signature of Owner or Authorized Representative	
Date	

Please Include Proof Of Insurance With Your Submittal