GRANT PARISH POLICE JURY 200 MAIN STREET COLFAX, LA 71417

SOUTH GRANT PARISH SEWERAGE SYSTEM

NON-COMMERCIAL WASTE PERMIT APPLICATION

NOTE: Mark N/A if the item does not apply. If additional space is required, use the available space provided on page 2.

SECTION A - APPLICANT INFORMATION

1. Name of Applicant:		
2. Mailing Address:		
Street:		
City:	State:	Zip:
3. Municipal Address of Proposed Discharge(s):		
Street:		
City:	State:	Zip:
4. Applicant Phone #:()		
5. Anticipated Date of Connection:		

SECTION B - SEWER INFORMATION

1. List size, descriptive location, and anticipated flow of each facility to connect to the Parish's sewer system. (Use page 2 if additional space is required).

Applicant's Sewer Main Diameter	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (gpd) to be delivered to Parish's Collection System	Maximum Flow to be delivered to Parish's Collection System

SECTION C - WATER SERVICE

Street:			
City:			
Designated Point of Contact of Water System:			
Name:			
Phone #: ()	Email:		
Water Customer Account Information:			
Name:			
Street or P.O. Box:			
City:		State:	Zip

SECTION D - Additional Space if Required: Indicate the corresponding section and numerical identifier for each item of additional information.

SECTION E - AUTHORIZED SIGNATURE OF APPLICANT

NAME:

SIGNATURE:_____DATE:_____