

DEPARTMENT OF PUBLIC WORKS  
WASTEWATER DIVISION  
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Chemist / IPP Coordinator



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## City of Haverhill Sewer Discharge Permit: COMMERCIAL/RETAIL

Permit # \_\_\_\_\_

Name of Permittee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of Premise: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Waste:	Grease Trap: _____	Gallons: _____
	Oil / Water Separator: _____	Gallons: _____
	Non Contact Cooling: _____	Gallons: _____
	Contact Cooling: _____	Gallons: _____

Maximum Number of People Occupying Premises: \_\_\_\_\_

Estimated Maximum Wastewater Discharge Per Day: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of City Official: \_\_\_\_\_ Date: \_\_\_\_\_