



ISO 14001:2015 ♦ NC Star Public Sector ♦ OHSAS 18001:2007

CERTIFICATION OF RECEIPT FOR AUTOMATIC GATE ACCESS CARD

COMPANY NAME		NCS PERMIT #	OWNER	
STREET ADDRESS			CITY/STATE/ZIP	
PHONE NO.	FAX NO.		E-MAIL	
INFORMATION ON VEHICLE TO WHICH GATE ACCESS CARD WILL BE ASSIGNED:				
YEAR/MAKE/MODEL	TAG/PLATE NO.	VIN NO.		TANK CAPACITY (GALLONS)
<p>(THIS CERTIFICATION MUST BE SIGNED BY THE OWNER OF YOUR FIRM.)</p> <p>I, _____ <small>(owner)</small> certify that the above information is correct and the access card (# _____) issued by the Water and Sewer Authority of Cabarrus County (WSACC) shall only be used for the above vehicle for use at the Rocky River Regional Wastewater Treatment Plant (RRRWTP). Furthermore, if the access card is damaged or lost, I agree to replace the device at a cost of \$50. Transfer or misuse of the access card is prohibited and could result in fines and/or suspension of discharge privileges at RRRWTP. The access card remains the property of WSACC and must be returned if your company ceases operation or if a vehicle is taken out of service. If a new vehicle is placed in service, a certification must be completed for that vehicle and an access card will then be issued.</p>				
OWNER'S SIGNATURE				DATE

OFFICE USE				
DEPARTMENT	DATE	INITIALS	ACTION	COMMENTS
PRETREATMENT	RECEIVED / /		ASSIGNED SP# - _____	Check One: <input type="checkbox"/> NEW TO WSACC <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> OTHER _____
SCADA	ENTERED / /		Check One: <input type="checkbox"/> ENABLED <input type="checkbox"/> DISABLED	
ADMINISTRATION	RETURNED TO PRETREATMENT / /		GATE ACCESS # - _____	