WASTE HAULER DISCHARGE PERMIT APPLICATION

1.	Company Name:			
2.	Service Address:			
3.	City/State:			
4.	Telephone Number:	Fax	Number:	
5.	Type of Discharge Permit Requested:			
	☐ Standard Permit authorizing the Permittee to collect and transport any domestic septage waste generated without territorial restrictions to the Fox Metro Water Reclamation District POTW for discharge.			
	Limited Permit authorizing the Permitee to collect and transport only domestic septage waste generated within the territorial boundaries of the Fox Metro Water Reclamation District POTW for discharge.			
	Special Permit authorizing the Permittee to collect and transport only site spe wastewater or other waste with known chemical composition, and approved by the Dis Manager, to the Fox Metro Water Reclamation District POTW for discharge.			
5.	List any other Environmental Control Permits held by this company:			
	Permit Number	Issuing Agency	Permit Description	

7.	Authorized Drivers: Submit a list of drivers licensed as Private Sewage Pumpers by the Illinois Department of Public Health to which the discharge permit will be issued.				
	Authorized Driver		License Number		
8. Certificates of Insurance: In accordance with Section 20-23 of Ordinance 46 shall provide, not less than ten (10) days prior to the commencement of dis District, copies of the Company's Comprehensive Automobile and General insurance policies.					
	Does this company have the required insurance coverage?				
	No,Yes, if yes submit a copy of the policy with this application.				
9.	Vehicle Information:				
	License Number	Capacity (gallons)	Vehicle Description		
10.	Name of person completing application:				
		Title:			
	Signature of person con	npleting this application	Date		
11.	Name of Company Authorized Representative:				
		Title:			
herein the Ru POTW	. I believe the submitted infor les & Regulations for Disch and that there are significan	mation is true, accurate, and com arge of Domestic Septage Waste	submitted in this application and any attachments applete. I am aware of the District Codes including s, and "Special Permit" Wastes into the District information, as indicated by 40 CFR 403.12 (m) eatment Ordinance 864."		
	Date	Sign	ature of Authorized Representative		