



682 State Route 31 • Oswego, Illinois 60543-8500
(630) 892-4378 • FAX (630) 892-4394

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 Permittee 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 specific wastewater or other waste with known chemical composition, and approved by the District Manager, to the Fox Metro Water Reclamation District POTW for discharge. **(One discharge event only.)**

6. List any other Environmental Control Permits held by this company:

| Permit Number | Issuing Agency | Permit Description |
|---------------|----------------|--------------------|
| | | |
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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 461, the hauler shall provide, not less than ten (10) days prior to the commencement of discharge to the District, copies of the Company's Comprehensive Automobile and General Liability 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 completing this application

Date

11. Name of Company Authorized Representative: _____

Title: _____

"I have personally examined and am familiar with the information submitted in this application and any attachments herein. I believe the submitted information is true, accurate, and complete. I am aware of the District Codes including the Rules & Regulations for Discharge of Domestic Septage Wastes, and "Special Permit" Wastes into the District POTW and that there are significant penalties for submitting false information, as indicated by 40 CFR 403.12 (m) and Section 600.110 of Fox Metro Water Reclamation District Pretreatment Ordinance 517."

Date

Signature of Authorized Representative