

V.

LIQUID WASTE HAULER DISCHARGE PERMIT APPLICATION

Part A - Business Information

1. Company Business Name: _____
2. Business Address:
 - A. Street: _____
City: _____ State: _____ Zip: _____
 - B. Mailing: _____
City: _____ State: _____ Zip: _____
3. Chief Executive Officer:
 - A. Name: _____
 - B. Title: _____
 - C. Mailing Address: _____
4. Person to be contacted about this application:
 - A. Name: _____
 - B. Phone: _____ Fax: _____
5. Person to be contacted in case of emergency:
 - A. Name: _____
 - B. Title: _____
 - C. Day Phone: _____
 - D. Night Phone: _____
6. Certification: I certify that the information above and on the following parts is true and correct to the best of my knowledge, and that I agree to obtain, within five (5) working days, a permit with the County of Santa Cruz Environmental Health Service for hauling septage and chemical toilet wastes, and restaurant grease interceptor pumpings. I also understand that failure to obtain and supply the City of Santa Cruz Water Pollution Control Facility a copy of the County Permit within the five (5) working days and maintain it, as required by the county, shall be cause for immediate cancellation of this City of Santa Cruz Liquid Waste Hauler Discharge Permit.

_____	_____
CEO Name	Title
_____	_____
CEO Signature	Date

Part B - Business Operations

1. Type of Business: _____
2. Federal Standard Industrial Classification Number: _____
3. Local Area Served: _____
4. Average Number of Haulings Made Per Week: _____
5. Average Gallonage Per Hauling: _____
6. Truck(s) description:
 1. Model: _____ Year: _____
CA Vehicle License No.: _____
Truck Tare Wt. (Lbs.): _____
Tank Capacity Gallons: _____
County Health Permit No.: _____ Decal No.: _____
 2. Model: _____ Year: _____
CA Vehicle License No.: _____
Truck Tare Wt. (Lbs.): _____
Tank Capacity Gallons: _____
County Health Permit No.: _____ Decal No.: _____
 3. Model: _____ Year: _____
CA Vehicle License No.: _____
Truck Tare Wt. (Lbs.): _____
Tank Capacity Gallons: _____
County Health Permit No.: _____ Decal No.: _____
 4. Model: _____ Year: _____
CA Vehicle License No.: _____
Truck Tare Wt. (Lbs.): _____
Tank Capacity Gallons: _____
County Health Permit No.: _____ Decal No.: _____
 5. Model: _____ Year: _____
CA Vehicle License No.: _____
Truck Tare Wt. (Lbs.): _____
Tank Capacity Gallons: _____
County Health Permit No.: _____ Decal No.: _____

Part B - Business Operations
(Continued)

7. Do you discharge from the truck(s) at other facilities than those controlled by the City of Santa Cruz Water Pollution Control Facility? Yes No (circle one)

If yes, where? _____

8. Do you use a holding tank for temporary storage of wastes?

Yes No (circle one)

If yes, please specify the capacity: _____ gallons

9.* Do you haul any wastes other than household septic tank or restaurant oil and grease? Yes No (circle one)

If yes, please list the other types of wastes (i.e., chemical wastes, agricultural sumps, oil and grease, used motor oil, etc.); where they originate (i.e., industry, gas station, etc.); and where you discharge it.

* If more than one vehicle is used, include information on all other vehicles on a separate piece of paper and attach to this application. **Trucks used to periodically haul non-acceptable wastes will not be allowed to discharge to the Water Pollution Control Facility.**

The Liquid Waste Hauler must provide a letter to the city from the County of Santa Cruz Environmental Health Service attesting to receipt of satisfactory certificate of insurance. This letter must be submitted with the permit application.

The Liquid Waste Hauler is hereby put on notice that all municipal code ordinances and state statutes will be vigorously enforced regarding discharge of hazardous or deleterious materials. Specifically, the hauler will be required to empty the entire contents of the city holding tank if the city finds he/she has discharged materials deleterious to the wastewater treatment plant.