

WASTE HAULER PERMIT APPLICATION

PLEASE TYPE OR PRINT CLEARLY IN INK AND SIGN APPLICATION ON NEXT PAGE

Action: Renewal, WH Permit No. _____ New Issue

Applicant Information			
Company Name		Name of Owner or Authorized Contact	
Address		Telephone No.	
		Fax No.	

Vehicle Information (First Vehicle)							
Year		Make		Model		Tag No.	
State of Registration		Vehicle Serial No.		Tank Capacity (gallons)		Average # of Loads/Week	
Garage Address (no P.O. Box)							
Is the vehicle covered by liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the vehicle company owned?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Vehicle Information (Second Vehicle)							
Year		Make		Model		Tag No.	
State of Registration		Vehicle Serial No.		Tank Capacity (gallons)		Average # of Loads/Week	
Garage Address (no P.O. Box)							
Is the vehicle covered by liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the vehicle company owned?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Vehicle Information (Third Vehicle)							
Year		Make		Model		Tag No.	
State of Registration		Vehicle Serial No.		Tank Capacity (gallons)		Average # of Loads/Week	
Garage Address (no P.O. Box)							
Is the vehicle covered by liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the vehicle company owned?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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Types of Waste Requested for Permit Approval (check all that apply)		Service Area (check all that apply)
<input type="checkbox"/> Grease traps/interceptors	<input type="checkbox"/> Holding tanks (industrial) – attach description and analysis	<input type="checkbox"/> City Of Summerville
<input type="checkbox"/> Septic/holding tanks (domestic)	<input type="checkbox"/> Industrial Waste – attach description and analysis	<input type="checkbox"/> City Of Menlo
<input type="checkbox"/> Portable toilets	<input type="checkbox"/> Solids separators – attach description and analysis	<input type="checkbox"/> City Of Trion
<input type="checkbox"/> Surface water/groundwater	<input type="checkbox"/> Other – attach description and analysis	<input type="checkbox"/> City Of Lyerly

Commercial and industrial waste cannot be dumped at this facility.

Health Department Permits					
Issuing Agency		Permit Number		Expiration Date	
Issuing Agency		Permit Number		Expiration Date	

Certification: Accuracy of Information and Agreement with Permit Terms	
<ul style="list-style-type: none"> I certify under penalty of perjury and law that the contents of this document are fully and accurately described to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations. I will ensure that each representative of the company involved in the actual discharge of hauled waste will read, understand, and abide by all permit conditions. The owner agrees to accept full legal responsibility for all damages, direct or indirect, arising out of the activities authorized by this permit and agrees to indemnify and save harmless the City of Summerville and the Wastewater Treatment Plant from suits, actions, damages and costs of every name and description resulting from discharges of wastes. I understand that failure to meet the requirements and conditions contained in the Waste Hauler Permit may result in fines, suspension or revocation of all permits, and/or legal prosecution. 	
Name of the Owner or Authorized Agent (Print)	Title (Print)
Signature of the Owner or Authorized Agent	Date

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ATTACHMENT 1

(COMPLETE FOR EACH ADDITIONAL VEHICLE TO BE PERMITTED)

Additional Vehicle Information							
Year		Make		Model		Tag No.	
State of Registration		Vehicle Serial No.		Tank Capacity (gallons)		Average # of Loads/Week	
Garage Address (no P.O. Box)							
Is the vehicle covered by liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the vehicle company owned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Additional Vehicle Information							
Year		Make		Model		Tag No.	
State of Registration		Vehicle Serial No.		Tank Capacity (gallons)		Average # of Loads/Week	
Garage Address (no P.O. Box)							
Is the vehicle covered by liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the vehicle company owned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Additional Vehicle Information							
Year		Make		Model		Tag No.	
State of Registration		Vehicle Serial No.		Tank Capacity (gallons)		Average # of Loads/Week	
Garage Address (no P.O. Box)							
Is the vehicle covered by liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the vehicle company owned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Certification: Accuracy of Information and Agreement with Permit Terms	
Printed Name of Owner or Authorized Agent:	Title:
Signature of Owner or Authorized Agent:	Date: