

Discharge Permit Application will not be processed unless accompanied by a credit application and permit fee.



WEST COUNTY WASTEWATER DISTRICT

2910 Hilltop Drive
Richmond, Ca. 94806-1974
(510) 237-6603

Waste Hauler Discharge Permit Application

The BUSINESS OWNER or their LEGALLY AUTHORIZED representative shall complete this permit application (please print or type).

Company Name: _____

Owner: _____

Contact Person: _____

Phone: _____

Address: _____ City: _____

Zip Code: _____

Location of Corporation Yard: _____

1. Will the applicant be disposing of residential septage _____, portable toilet waste _____, or both _____?

2. Will the applicant be disposing of any wastes other than sewage generated from residential septage and/or portable toilet waste? Yes _____ No _____ if yes, explain.

3. Please identify the type of chemical disinfectant used by the applicant and submit a copy of the Material Safety Data Sheet (MSDS) pertaining to this substance.

4. Please list all the waste hauling companies you have owned, operated or have been associated with in the last ten years.

5. In the last ten years have you ever owned or been associated with a waste hauling company which has been fined, had a permit suspended or revoked, paid a settlement to a public agency, or had any civil or criminal action taken by any federal, state, or local government agency? Yes _____ No _____ If yes, please explain.

6. How many trucks do you plan to permit at this facility? _____

What are the capacities of the trucks:

1. _____ Gallons	7. _____ Gallons
2. _____ Gallons	8. _____ Gallons
3. _____ Gallons	9. _____ Gallons
4. _____ Gallons	10. _____ Gallons
5. _____ Gallons	11. _____ Gallons
6. _____ Gallons	12. _____ Gallons

7. What laboratory analyses do you perform on the product that you discharge? _____

8. If available, please attach a copy of the Contra Costa County Environmental Health Division's Vehicle Certification for each of the trucks.

9. Is this application accompanied by:

Credit Application	Yes _____	No _____
Permit Fee	Yes _____	No _____

If no, please explain. _____

Please allow 10 working days for application processing.

Statement of Certification

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Request for confidential treatment of other information shall be governed by procedures specified in 40 CFR, Part 2.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and in accordance with the system designed to insure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manage the system, or those directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations.

Name of Business

Business Address

Signature

Title

Type or Print Name

Date

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