



## TRUCKED WASTE HAULER PERMIT APPLICATION

(NOTE: For grease trap waste please contact Manon Fisher at (415) 695-7378 or [mfisher@sflower.org](mailto:mfisher@sflower.org) to obtain an appropriate application.)

1. Name of business applying for permit:

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2. Telephone # and e-mail address of business applying for permit:

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3. Mailing address of business applying for permit:

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4. Activities resulting in wastewater generation:

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5. General type of wastewater:

- A. Domestic Septage Tank Waste
- B. Portable Chemical Toilet Waste
- C. Groundwater
- D. Non-hazardous commercial or industrial wastewater (Describe below)
- E. Other non-hazardous wastewater (Describe below)

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6. Estimated volume of wastewater per truckload:

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7. Estimated duration of wastewater discharge:

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8. Method of discharge:

- By gravity                       By pumping

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9. Proposed discharge point:

- Southeast WPCP                       Oceanside WPCP

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10. Has the wastewater as described in # 5 been mixed with other types of waste?

- YES                                       NO

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11. Has the wastewater been exposed to petroleum contamination?

- YES                                       NO

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12. Has the wastewater been exposed to hazardous waste contamination?

- YES                                       NO

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13. Will the wastewater be treated with additives before discharge?

- YES                                       NO

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14. If "YES" to # 13 above, list all additives:

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15. List the license plate number(s) of the vehicle(s) to be used:

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16. **Attach additional vehicle registration information if necessary.**

17. Certification Statement:

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons 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 imprisonment for knowing violations.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature<sup>1</sup>: \_\_\_\_\_

Date: \_\_\_\_\_

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<sup>1</sup> To be signed by an authorized representative of the applicant. An authorized representative may be (a) a principal executive officer or official; (b) a general partner or proprietor; or (c) a duly authorized representative of the individual designated in (a) or (b).

