

**CITY OF PHILADELPHIA WATER DEPARTMENT
HAULED WASTEWATER DISCHARGE PERMIT APPLICATION**

Instructions: Please complete this Form in as much detail as possible. Use additional sheets as necessary.

Return the Form to:

Philadelphia Water Department
Industrial Waste Unit
1101 Market Street, 3rd Floor
Philadelphia, PA 19107

1. COMPANY INFORMATION:

A. Legal Name: _____

Mailing Address: _____

B. Phone Number: _____ C. Fax Number: _____

D. Name or Owner(s): _____

E. Business Contact (provide the name, title, phone number, and e-mail address of a designated person to contact if, additional information is necessary.) _____

G. Days of Operation Per Week (Circle All Days that Apply): S M Tu W Th F S

H. Hours of Operation: _____

I. Operating At This Location Since: _____

2. NATURE OF OPERATION:

A. Do you haul waste other than septage wastes (i.e. non-hazardous, hazardous etc.)? _____

If yes, What type(s) of waste and what facilities do you haul those wastes to? _____

B. Provide the types of establishments septage is picked up at (i.e. residential, commercial, industrial, landfill, etc.) _____

C. Do you pick up and dispose septage for other hauled waste operators? If yes, provide their name and phone number: _____

D. Provide the names of the facilities whose hauled waste you expect to discharge at the City's Southwest Water Pollution Control Plant (SWWPCP): _____

- E. Provide an estimate of the quantity of waste you expect to discharge at the SWWPCP (gallon/week): _____
- F. Do you discharge to any other facilities besides SWWPCP? If yes, provide the names and phone numbers of the facilities. _____
- G. List of vehicle(s) used to haul septage – Complete the attached Truck Information Form. Only trucks identified in this application will be authorized to enter and discharge at SWWPCP.
- H. Do you have a current USDOT number? If yes, list USDOT Number. _____
- I. Do you have a current Pennsylvania Registration Number for Transporting Residential Septage? If yes, list registration number. _____
- G. Do you have a current business privilege license issued by the City? If yes, provide your business privilege license number: _____
- H. List business and vehicle insurance carriers and policy numbers? _____
- I. List any other pertinent state and local license numbers: _____

3. SIGNATORY REQUIREMENT: All applications, reports or information submitted to the city as required by this Permit shall be signed and certified by an authorized representative as specified in Section 501.6(k) of the Philadelphia Water Department Regulations.

Any person signing a document shall make the following certification:

"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 - AUTHORIZED REPRESENTATIVE	SIGNATURE
OFFICIAL TITLE	DATE

TRUCK INFORMATION FORM

	Year	Truck Make & Model #	Truck License Plate #	Truck Capacity (Gallons)	Truck Sample Location (i.e. Top Hatch)
1					
2					
3					
4					
5					
6					
7					
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