



INDUSTRIAL DISCHARGE CONTROL PROGRAM WASTE HAULER PERMIT APPLICATION

SECTION A - COMPANY INFORMATION

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Garage Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Owner: _____ Phone Number: _____

Authorized Agent: _____ Phone Number: _____

E-mail address: _____

SECTION B - NON-DOMESTIC CUSTOMERS

Attach a list of non-domestic customers and include the following information:

- | | | |
|--|--------------------|------------------|
| 1) Company Name(s) of Non-domestic Customers | 2) Company Address | 3) Waste Type |
| 4) Disposal Frequency | 5) Volume | 6) Disposal Site |

NOTE: Wastes from wastewater treatment plants or non-domestic sources shall not be discharged at Washington Suburban Sanitary Commission (WSSC) disposal sites unless specifically authorized in writing by the Commission

SECTION C - PREREQUISITE INFORMATION NEEDED

Applicant is to check the appropriate box and provide copies with the application

- Sewage Sludge Utilization License (Montgomery County for all applicable vehicles or trailers)
- County Health Department Permit (Prince George’s County for all applicable vehicles or trailers)
- Motor Vehicle Registrations (For all vehicles and trailers)
- Safety Data Sheet for any sanitizer or additives used (Portable toilets and buses)
- Mobile Food Service License (For mobile food service vehicles only)
- Applicable photographs of permitted discharging vehicles or trailers.

SECTION D - OTHER DISPOSAL SITES

List the names of other Publicly Owned Treatment Works (POTWs) or facilities where hauled waste is disposed. Please provide copies of applicable permit or authorization letters from other POTWs or facilities.

This is required for any vehicle listed in Section E requesting a zero discharge permit.

Name of POTW or Facility:	Name of POTW or Facility:
Name of POTW or Facility:	Name of POTW or Facility:

- Are copies of other permits or authorization letters from other POTWs or facilities attached to this application?

SECTION E – VEHICLE/TRAILER INFORMATION

Complete the following section for all vehicles and trailers. If one of your vehicles is a tractor with a trailer, please include the information regarding both the trailer and tractor.

Please provide copies of all health department licenses and vehicle registrations for all vehicles and trailers. In addition, please provide photographs of the right-side, the left-side, and the rear of each vehicle or trailer. All rear photos must have an identifiable license plate number.

Vehicle / Trailer 1		<input type="checkbox"/> Check if this a NEW vehicle <input type="checkbox"/> Check if this a RENEWAL		<input type="checkbox"/> Check if this is a zero discharge vehicle. <input type="checkbox"/> Check if this a trailer	
Year/Make	Model	Tank Volume (Gallons)	State of Registration	Tag No.	
Vehicle Identification Number		Registration Expiration Date		Health Department Permit (MO, PG)	
Service Type*		Service Area**		WSSC Permit No. (WSSC Use Only)	
If this vehicle is a trailer, please include the following information regarding the tractor pulling this trailer.					
Tractor: Year/Make	Tractor: Model	Tractor: State of Registration		Tractor Tag No.	
Tractor: Vehicle Identification Number		Tractor: Registration Expiration Date			
<input type="checkbox"/> Check this box if transferring an existing permit to this vehicle.					
If this vehicle is a transfer, what is the permit number of the existing vehicle. # _____					

Vehicle / Trailer 2		<input type="checkbox"/> Check if this a NEW vehicle <input type="checkbox"/> Check if this a RENEWAL		<input type="checkbox"/> Check if this is a zero discharge vehicle. <input type="checkbox"/> Check if this a trailer	
Year/Make	Model	Tank Volume (Gallons)	State of Registration	Tag No.	
Vehicle Identification Number		Registration Expiration Date		Health Department Permit (MO, PG)	
Service Type*		Service Area**		WSSC Permit No. (WSSC Use Only)	
If this vehicle is a trailer, please include the following information regarding the tractor pulling this trailer.					
Tractor: Year/Make	Tractor: Model	Tractor: State of Registration		Tractor Tag No.	
Tractor: Vehicle Identification Number		Tractor: Registration Expiration Date			
<input type="checkbox"/> Check this box if transferring an existing permit to this vehicle.					
If this vehicle is a transfer, what is the permit number of the existing vehicle. # _____					

(Copy this page for additional vehicles as needed)

SECTION E – VEHICLE/TRAILER INFORMATION (continued)

Vehicle / Trailer 3		<input type="checkbox"/> Check if this a NEW vehicle	<input type="checkbox"/> Check if this is a zero discharge vehicle.
		<input type="checkbox"/> Check if this a RENEWAL	<input type="checkbox"/> Check if this a trailer
Year/Make	Model	Tank Volume (Gallons)	State of Registration
Vehicle Identification Number		Registration Expiration Date	Health Department Permit (MO, PG)
Service Type*	Service Area**		WSSC Permit No. (WSSC Use Only)
If this vehicle is a trailer, please include the following information regarding the tractor pulling this trailer.			
Tractor: Year/Make	Tractor: Model	Tractor: State of Registration	Tractor Tag No.
Tractor: Vehicle Identification Number		Tractor: Registration Expiration Date	

***Service Type:** Types of wastes transported and discharged to the WSSC:

- | | | |
|---|--|--|
| <input type="checkbox"/> Bus (BU) | <input type="checkbox"/> Cleaning (CL) | <input type="checkbox"/> Food Wagon (FW) |
| <input type="checkbox"/> Grease Traps (GT) | <input type="checkbox"/> Holding Tanks-Domestic Waste (HT) | <input type="checkbox"/> Industrial Waste (IW) |
| <input type="checkbox"/> Landfill Leachate (LL) | <input type="checkbox"/> Leachate (LCH) | <input type="checkbox"/> Portable Toilets (PT) |
| <input type="checkbox"/> Septic Tanks (SE) | <input type="checkbox"/> Sludge (SL) | <input type="checkbox"/> Other (Specify) _____ |

****Service Area:** Areas in which your company will operate:

- | | |
|---|--|
| <input type="checkbox"/> Montgomery County, Maryland (MC) | <input type="checkbox"/> Prince George’s County, Maryland (PG) |
| <input type="checkbox"/> District of Columbia (DC) | <input type="checkbox"/> Fairfax County, Virginia (FA) |
| <input type="checkbox"/> Loudoun County, Virginia (LC) | <input type="checkbox"/> Arlington County, Virginia (AC) |
| <input type="checkbox"/> Other (Specify) _____ | |

SECTION F - CERTIFICATION

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of this application are true. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

In addition to retaining the original of all permits and permit conditions in the owner’s office file, I will provide copies to each representative of the company involved in the actual discharge of waste to a Washington Suburban Sanitary Commission (WSSC) designated waste disposal site. I will require the operator of a permitted vehicle or vehicle pulling a permitted trailer to possess a copy of the permit and Waste Hauler Permit—General Conditions at all times.

I accept full legal responsibility for all damages, direct or indirect, arising out of the activities authorized by the WSSC Waste Hauler Permit, and agree to indemnify and save harmless the WSSC and its employees from suits, actions, damages, and costs of every name and description resulting from discharges of waste.

I will conduct all waste hauler activities in accordance with the requirements and conditions pertinent to the WSSC Waste Hauler Permit and realize that failure to do so will result in fines and may result in my discharge privileges being revoked or suspended.

Owner or Authorized Agent: _____

_____	_____
Printed Name	Signature
_____	_____
Title	Date
_____	_____
Date Received by WSSC:	Initial of Receiving WSSC Personnel
	Date