



# TRUCKED DOMESTIC WASTE DISCHARGE PERMIT APPLICATION

*District Use Only: Company Permit Number \_\_\_\_\_*

## SECTION I: GENERAL APPLICANT INFORMATION

**COMPANY NAME** \_\_\_\_\_

Company Address: (no P.O. Box numbers) \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Company Telephone Number \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Company Web Address (if applicable): \_\_\_\_\_ Email Address: \_\_\_\_\_

State of IL., Dept. of Public Health I.D. No. \_\_\_\_\_  
**(Enclose a copy of a current license)**

### **AUTHORIZED REPRESENTATIVE** - The authorized representative must be:

- 1) A principle executive officer of at least the level of vice president,
- 2) A general partner or proprietor if company is a partnership or sole proprietorship respectively

Authorized Representative Name \_\_\_\_\_

Title of Authorized Representative \_\_\_\_\_

Telephone Number \_\_\_\_\_

Contact Representative (if different than above) \_\_\_\_\_

Title of Contact Representative \_\_\_\_\_

Telephone Number \_\_\_\_\_

The information contained in this application is familiar to me and to the best of my knowledge and belief, such information is true, complete and accurate. I, \_\_\_\_\_, Authorized Representative of \_\_\_\_\_ have received copies of an Ordinance setting forth the Rules and Regulations for the disposal of septic tank and portable toilet wastes into the facilities of the North Shore Sanitary District, and fully understand the meaning and intent of these documents, and will abide by them at all times. I further hereby certify that I have examined the attached map showing the Facility Planning Area boundaries of the North Shore Sanitary District, and that all septic tank and portable toilet wastes disposed of under this permit will originate within said boundaries and will be domestic in origin.

### **SIGNATURE**

Authorized Representative \_\_\_\_\_ DATE \_\_\_\_\_

Typed Name \_\_\_\_\_ TITLE \_\_\_\_\_

A **CERTIFICATE OF INSURANCE** must be submitted with this application documenting that the applicant has conformed to the types and amounts of insurance as listed in the Insurance Requirements on file with the District. A valid CERTIFICATE OF INSURANCE is required to be on file at the District at all times. Please note that if the CERTIFICATE OF INSURANCE on file with the District expires, the Trucked Domestic Waste Discharge Permit will be revoked and access to District facilities will be denied.

**SECTION II: DESCRIPTION OF ROUTINE DISCHARGES**

**A. DESCRIPTION OF OPERATIONS AT COMPANY PREMISE:**

\_\_\_\_\_

Please indicate appropriate waste types and approximate percentage of each:

Septic Tank Wastes \_\_\_\_\_%      Portable Toilets \_\_\_\_\_%

- 1) If permitting portable toilet wastes, attach a copy of the MSDS for the chemicals used in the portable toilets.
- 2) If permitting septic tank wastes, does your firm intend to pick up domestic septic wastes from any commercial / industrial entities during the next year?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, please provide the following information related to each commercial / industrial location. Attach additional sheet(s) with information if needed.

Site	Address	City	State	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 3) Are you permitted to haul non-domestic wastes to other locations or disposal facilities?  
Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, please define waste type and where discharged below.

Waste Type	Disposal Facility Name	Discharge Location	City	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**B. LOCATIONS SERVED:**

Please check appropriate townships served in **District Facility Planning Area boundaries** during the previous year:

Benton	_____	Zion	_____	Waukegan	_____
Shields	_____	West Deerfield	_____	Deerfield	_____
Part Vernon	_____	Part Libertyville	_____	Warren	_____

**C. VOLUME:**

1) Approximate number of septic tank and/or portable toilet cleanings anticipated within the District facilities planning area during the permit period: \_\_\_\_\_

2) Estimated total gallons per day discharged at District Facilities during the permit period: \_\_\_\_\_

**NOTE: The District reserves the right to obtain at any time a list of any and all locations, from where septic and/or portable toilet wastes have originated, that are disposed at District facilities.**

**D. TRUCK INFORMATION:**

District Assigned Permit Number	Vehicle License Number	Make	Model	Tank Volume (Gallons)	Authorized Driver
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

As per section 7.03 c) 8) of "An Ordinance Relating To Sewers And Sewer Systems", the permittee shall keep the list of authorized drivers current and furnish any necessary changes to the District.