



**LIQUID WASTEHAULER DISCHARGE
PERMIT APPLICATION**

- New Permit Application
- Permit Renewal (Current Permit No.): _____
- Change of Vehicle Ownership (Previous Permit No.): _____

1. Name of Company: _____

2. Name of Owner: _____

3. Business Address: _____

City: _____ State: _____ Zip: _____

4. Mailing Address: _____

City: _____ State: _____ Zip: _____

5. Phone No.: (_____) _____ Fax No.: (_____) _____

6. County Health Dept. Permit No. (Specify County): _____ Expiration Date: _____

7. Insurance Company: _____

Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____

8. Bonding Company: _____

Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____

9. **Vehicle Information: List each truck and/or trailer owned and operated by your company which will be used to transport liquid waste to the SARI Truck Disposal Station (attach additional sheets if needed.):**

Vehicle Make	Year	Vehicle License No.	Tanker License No.	Tank Capacity	County Decal No.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**LIQUID WASTEHAULER DISCHARGE PERMIT APPLICATION
PAGE 2**

10. **Complete the following information for each location where liquid waste is received and is transported to the SARI Truck Disposal Station (attach additional sheets if needed).**

a. Name of Facility/Site: _____
Address: _____
City: _____ Zip Code: _____ Telephone #: _____
Name of Contact: _____
Title: _____
Source(s) of Wastewater: _____

b. Name of Facility/Site: _____
Address: _____
City: _____ Zip Code: _____ Telephone #: _____
Name of Contact: _____
Title: _____
Source(s) of Wastewater: _____

c. Name of Facility/Site: _____
Address: _____
City: _____ Zip Code: _____ Telephone #: _____
Name of Contact: _____
Title: _____
Source(s) of Wastewater: _____

"I certify under penalty of law that all information furnished is true and correct, and that I, my agents and employees shall conduct wastewater transport and disposal in accordance with the requirements of the current SAWPA Ordinance, and all applicable Federal, State, County and City regulations. 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: _____ Date: _____