

Waste Hauler Permit Application

This Waste Hauler Permit is issued by the Central Contra Costa Sanitary District (Central San) and gives approval to the waste hauling company named below to discharge residential septage, food service grease interceptor/grease trap waste, and/or portable toilet waste to Central San facilities. The discharge of any other waste constitutes a special discharge, requiring the generator of the waste to obtain a Special Discharge Permit prior to disposal at Central San facilities. Refer to next page and permit attachments for additional instructions and requirements.

to be completed by OWNER or OTHER LEGALLY AUTHORIZED REPRESENTATIVE (please print or type)

WASTE HAULER COMPANY NAME: _____ OWNER: _____

CONTACT PERSON: _____ PHONE: _____

EMAIL ADDRESS (FOR EBIX INSURANCE COMMUNICATIONS): _____

BUSINESS ADDRESS: _____ CITY: _____ ZIP CODE: _____

MAILING ADDRESS: _____ CITY: _____ ZIP CODE: _____

LOCATION OF CORPORATION YARD: _____ CITY: _____ ZIP CODE: _____

CONTRA COSTA COUNTY PUBLIC HEALTH LICENSE NO.: _____

CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE IKG REGISTRATION NO.: _____

VEHICLE INSURANCE POLICY NO.: _____ INSURANCE CARRIER: _____

(ATTACH COPIES OF COUNTY HEALTH PERMIT TO OPERATE, DEPT. OF FOOD & AGRICULTURE IKG REGISTRATION, WORKER'S COMPENSATION, VEHICLE, AND GENERAL LIABILITY INSURANCE POLICY DOCUMENTS)

PLEASE LIST THE BUSINESS NAME(S) OF WASTE HAULING COMPANIES YOU HAVE OWNED, OPERATED, OR HAVE BEEN OTHERWISE ASSOCIATED WITH IN THE LAST TEN YEARS: _____

In the last ten years have you ever owned, operated, or otherwise been associated with a waste hauling company which has been fined or had its waste hauler permit suspended or revoked, or has had any other administrative, civil, or criminal action taken by any federal, state, county, or local government or agency, or is any similar action pending? YES NO

IF YES, PLEASE EXPLAIN: _____

SPECIFY TYPE(S) OF WASTE(S) HAULED BY YOUR COMPANY: LIST LICENSE NUMBER AND WASTE TANK CAPACITY FOR EACH TRUCK THAT WILL BE USING CENTRAL SAN FACILITIES:

LICENSE: _____

WASTE TYPE/CAPACITY (gal.): _____

CALIFORNIA HAZARDOUS WASTE TRANSPORTER REGISTRATION NO. (if applicable): _____

LIST OTHER WASTE DISPOSAL SITES USED BY YOUR COMPANY: _____

I certify under penalty of perjury that 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 knowingly submitting false information, including the possibility of fine and/or imprisonment for knowing violations. I have reviewed this permit document and understand the requirements contained herein. I agree to comply with Title 10 of the District Code and the terms and conditions of this permit. I am an authorized representative of the above-named Waste Hauler and have authority to commit resources necessary to achieve and maintain compliance with the terms and conditions of this permit.

Person signing this Permit Application is:

Owner Other Legally Authorized Representative; Specify.

SIGNED: _____ DATE: _____