

# WASTE STREAM DISCHARGE PERMIT APPLICATION



**THE ANNUAL APPLICATION FEE OF \$125.00 ALONG WITH THIS FORM, THE COMPLETED WATER-WASTE WATER SERVICE APPLICATION & AGREEMENT FOR WASTE STREAM RECEIVING SERVICES**

**(SEPTAGE, GREASE, WASH WATER, PETROLEUM CONTACT WATER, OILY WATER, INDUSTRIAL FOOD WASTE &/OR LEACHATE)**

**MUST BE SUBMITTED TO:**

**Integra Water Creola, LLC  
PO BOX 10127  
Birmingham, AL 35202-0127  
Phone: 877-511-2911  
Fax: 205-326-6856**

Name of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Estimated frequency of discharges into the WWTP (per month) \_\_\_\_\_ Estimated Gal (per month) \_\_\_\_\_

Has your Company ever been permitted to Discharge at an Integra Water Facility?  Yes  No

I have read, understand and agree to comply with the Discharge Prohibitions included in the Waste Water Customer Policy Manual (attached), the Agreement for Waste Stream Receiving Services (attached) and I am licensed to do business with the state, county and/or local municipality. I understand that rates and fees may be adjusted without notice unless a supplemental agreement is in effect between Integra and the customer. Unreported discharges into the facility will result in fines and/or revocation of this permit as stated in the attached Discharge Violation Policy. Statements will be mailed around the 15th of each month, are due upon receipt, and considered delinquent after the 30<sup>th</sup>. Late penalties of 10% will be assessed to all delinquent accounts. If the 30<sup>th</sup> falls on a Holiday or Weekend, penalties will be posted the following business day.

(Complete below - List Additional Trucks on back of this form if needed).

Truck 1 - City/Co/Health Dept. License/Permit #: \_\_\_\_\_ Capacity: \_\_\_\_\_

Truck 2 - City/Co/Health Dept. License/Permit #: \_\_\_\_\_ Capacity: \_\_\_\_\_

Truck 3 - City/Co/Health Dept. License/Permit #: \_\_\_\_\_ Capacity: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Permit Fee Paid \$ \_\_\_\_\_ Form of Payment: \_\_\_\_\_ Date: \_\_\_\_\_