

WASTE STREAM DISCHARGE PERMIT APPLICATION



MUST BE SUBMITTED TO:

**Integra Water Creola, LLC
PO BOX 10127
Birmingham, AL 35202-0127
Phone: 205-326-3200
E-mail: info@integrawater.com**

Permit Applicant:

Authorized Officer/Principal/Title:

Email Address:

Billing Address:

Business Phone:

Cell Phone: _____ Other: _____

The Permit Applicant ("Permittee") hereby applies for a permit to discharge certain wastewater at the Integra Water Creola, LLC Waste Water Treatment Plant ("WWTP"):

(Circle applicable discharge and provide estimated amount and frequency of discharges per month)

(a) Septage _____

(b) Grease _____

(c) Landfill leachate _____

(d) Other _____

Has your company ever been permitted to discharge at an Integra Water Facility?

___ Yes ___ No

(If yes, please provide permit number and date granted)

1. Permittee understands and agrees to be in compliance for itself, and any subcontractor Transport Vehicle Haulers ("Hauler(s)") operating under its authority or direction, with all applicable Federal, State, and Municipal or County laws and regulations which may apply to this Waste Stream Discharge Permit Application ("Permit

Application”), the Waste Stream Discharge Permit (“Discharge Permit”) (attached), and with The Wastewater Customer Policy Manual of Integra Water Creola, LLC (attached)

2. Permittee represents that it is properly authorized and validly existing and in good standing under the laws of its incorporation, that it is licensed to do business in the State of Alabama, and that it holds the required licenses and permits to conduct and haul waste stream discharges required by Federal or State laws, or by County and or local regulations.

3. Permittee authorizes its officer/principal to execute this Permit Application and acknowledges that it has read, understands and agrees to comply with all of the conditions and discharge prohibitions included in the Integra Waste Water Customer Policy Manual and the Discharge Permit.

4. Permittee agrees to make accurate required reporting and record keeping (quantity, waste type, Hauler identification) of all loads discharged to the WWTP as required by the Discharge Permit.

5. Permittee agrees to pay all required fees and charges for the discharge of the wastewater permitted, in accordance with the terms and conditions set forth in the Discharge Permit.

6. Permittee understands and agrees that no Hauler may discharge any liquid waste to the WWTP until a valid Discharge Permit has been approved and issued to Permittee.

7. Permittee agrees to provide Integra Water Creola, LLC with the following Hauler Identification which is a condition precedent to the issuance of a Discharge Permit:

For each Hauler, Permittee shall provide: company name, business license number, business telephone number, its authorization by the State of Alabama or federal government to haul waste water and provide the vehicle insurance coverage as required in the Discharge Permit, and

For each Hauler Vehicle, Permittee shall provide the license plate number, chassis make, year, cab color, tank color, and capacity in gallons, ID number, and a photograph of each vehicle and shall ensure that the tank capacity is clearly labeled on the exterior of the tank or vehicle.

8. Permittee agrees upon the grant of the Discharge Permit, Permittee shall provide Integra Water Creola, LLC with proof that it has been named as an additional insured on Permittee’s Comprehensive General Liability policy and its vehicle liability insurance policy for the term of the Discharge Permit as more fully required by the conditions in the Discharge Permit, and it agrees further, that each Hauler(s) serving the WWTP pursuant to the Discharge Permit shall adhere to all Federal, State and local laws applicable to vehicle weight and safety requirements.

9. Permittee acknowledges that it shall have no right to assign or transfer a Discharge Permit.

CERTIFICATION OF INFORMATION:

I certify that this document and all attachments and information provided were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Name (print) _____

Title _____

Signature _____

Date _____

FOR OFFICE USE ONLY

Permit Fee Paid \$

Form of Payment:

Date: