

**FOUR RIVERS SANITATION AUTHORITY
WASTEWATER HAULER DISCHARGE PERMIT APPLICATION**

Attn: Industrial Waste Surveillance Department
3501 Kishwaukee Street
Rockford, Illinois 61109-2053

APPLICANT: COMPLETE AND RETURN TO THE ABOVE ADDRESS OR EMAIL JJOHNSON@FOURRIVERS.ILLINOIS.GOV
FOR PROCESSING OF DISCHARGE PERMIT

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1. _____ 1-A. Name and Home Address of Principal or Authorized Representative and Business Title
Name of Hauling Company _____
Company Location (Not P.O. Box) _____
Mailing Address _____
City _____ State _____ Zip _____
County _____
Business Phone _____ Emergency Phone _____
EMAIL _____
2. _____ EMAIL _____
Business Name of Tanker Owner, if different than #1 above. _____
Address _____ 2-A. Description of the type of waste to be hauled to Authority for disposal:
City _____ State _____ Zip _____
County _____
Business Phone _____ 2-B Analytical Report of representative sample attached. Yes ___ No ___
EMAIL _____
3. Tanker Descriptions. Provide information for each tanker to be approved to haul special waste on Page 2.
4. IN ACCORDANCE WITH TITLE 2 OF FOUR RIVERS SANITATION AUTHORITY CODE OF ORDINANCES, WASTEWATER HAULERS DISCHARGING WASTE AT THE FOUR RIVERS SANITATION AUTHORITY SHALL HAVE A VALID WASTEWATER HAULER DISCHARGE PERMIT.

I, THE UNDERSIGNED, CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE AND THAT THE REMOVAL, TRANSPORTING AND DISPOSAL, STORAGE, OR TREATMENT OF SPECIAL WASTES WILL COMPLY WITH ALL REQUIREMENTS OF TITLE 2, ARTICLE III, SECTION 9 OF THE FOUR RIVERS SANITATION AUTHORITY CODE OF ORDINANCE.

Signature of Tanker Owner

Date

Signature of Hauling Company Manager

Date

Four Rivers Sanitation Authority is authorized to require this information under the Federal Regulations 40 CFR Part 403 and Title 2 of its Code of Ordinances. Disclosure of this information is required and failure to provide this information may prevent this form from being processed and could result in your application being denied.

**WASTEWATER HAULER DISCHARGE PERMIT APPLICATION
TANKER LICENSING INFORMATION**

COMPANY NAME: _____

(Please indicate license information for tankers, NOT for trucks)

Please fill out the table below for each tanker that will be used to haul wastewater to the Four Rivers Sanitation Authority for treatment and disposal:

STATE LICENSE PLATE NUMBER		TANKER INFORMATION	VOLUME OF TANKER	TYPE OF WASTE (1)
a. State	b. License Plate	a. Make – Model – Year	a. (Gallons)	a. (See footnote #1 below:)
		b. Identification Number		
1	a. _____ b. _____	a. _____ b. _____	a. _____	a. _____
2	a. _____ b. _____	a. _____ b. _____	a. _____	a. _____
3	a. _____ b. _____	a. _____ b. _____	a. _____	a. _____
4	a. _____ b. _____	a. _____ b. _____	a. _____	a. _____
5	a. _____ b. _____	a. _____ b. _____	a. _____	a. _____
6	a. _____ b. _____	a. _____ b. _____	a. _____	a. _____
7	a. _____ b. _____	a. _____ b. _____	a. _____	a. _____
8.	a. _____ b. _____	a. _____ b. _____	a. _____	a. _____
9	a. _____ b. _____	a. _____ b. _____	a. _____	a. _____
10	a. _____ b. _____	a. _____ b. _____	a. _____	a. _____

(1) Indicate the type of waste being hauled in this specific tanker i.e., septic, leachate, gas condensate, etc
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