

Application for Hauled Waste Authorization



A. Company Identification

Company Name: _____

Mailing Address: _____

Owner's Name: _____

Phone number/Email: _____

B. Vehicle Information (Complete for each vehicle. Use additional sheet if necessary)

Vehicle	Make	Model	License No.	State	Tank Volume
1					
2					
3					
4					

C. Hauled Waste Information

1. Types and estimated annual volumes of waste
To be transported and discharged to SD1:

Septic Tanks _____

Portable Toilets _____

Grease Traps _____

Sludge _____

Landfill Leachate _____

Other (detailed explanation) _____

2. Areas in which your company will
operate:

Boone County _____

Kenton County _____

Campbell County _____

Other _____

(attach additional sheets if needed)

D. Permit Information

List all permits or authorizations for the disposal of any wastes mentioned above:

KY. State Health Permit No. _____ Expiration Date: _____

KY County Issuing Permit _____

Ohio State Health Permit No. _____ Expiration Date: _____

Other Permits:

Type/Number

Agency

Expiration Date

I have personally examined and am familiar with the information contained in this application and the submitted information is true, accurate and complete. Failure to comply with Permit conditions will result in the immediate suspension of the Waste Hauler Permit and/or possible penalties as outlined in SD1 Rules and Regulations.

Signature of Owner or Authorized Official

Name: _____

Date: _____

Title: _____