

TRUCKED DOMESTIC WASTE HAULER PERMIT APPLICATION

Return to: City of San Diego - Industrial Wastewater Control Program
 9192 Topaz Way - San Diego, Ca 92123
 Ph: 858-654-4100 FAX: 858-654-4110

1) Business Name of Applicant:**Phone:****Email:****2) Contact Person:****Title:****3) Facility Address:****4) Mailing Address:****5) Does your Company Haul Industrial Wastes of any type? ___No ___Yes**

The discharge of industrial wastes is prohibited under this permit. An application to discharge industrial wastes must be submitted separately.

6) List the trucks/trailers that you would like permitted to haul domestic wastes. For tractor/trailers, provide information for the trailer only. Trucks not listed will not be allowed to discharge wastes.

Truck/Trailer Make/Model	Model/ Year	Capacity (gallons)	License Number	County Sticker Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- **Attach a copy of the current “PERMIT TO OPERATE SEPTIC PUMPER TRUCK OPERATION” issued by the County of San Diego Department of Environmental Health**
- **Attach a signed copy of the Trucked Waste Requirements Certification form, certifying that you have read and are familiar with the most current versions of (1) Trucked Waste Requirements and Procedures (TWR&P) and (2) CAL EPA/DTSC Hazardous Waste Generator Requirements (last page of Trucked Waste Requirements and Procedures), on the web at: <http://www.sandiego.gov/mwwd/environment/iwcp/trucked.shtml>**

Permittee's Certification: I hereby certify that the information found in this application is familiar to me and is complete and accurate to the best of my knowledge. I certify that the wastes that will be discharged under this permit are not hazardous wastes as defined in the Federal Resource Conservation and Recovery Act (RCRA) and by state or local regulations. I have received and read both the Trucked Waste Requirements & Procedures and the Department of Health Services' Hazardous Waste Requirements bulletin, and I agree to comply with the policies and requirements set forth therein. I certify that the wastes that will be discharged under this permit meet applicable Federal and local limits. I certify that all wastes to be hauled under this permit originate within San Diego County.

7) Print Name:**Title:****8) Signature:****Date:****TO BE COMPLETED BY THE CITY**

TWRP	AR#	Effective:
RCRA	Approved By:	Expires:
<input type="checkbox"/> Copy of DEH Permit to Operate <input type="checkbox"/> TWR&P/HWGR Certification		Permit Number 25-