|  |  |  |  |
| --- | --- | --- | --- |
| **HAULED**  **WASTEWATER PERMIT**  **APPLICATION** |  | **For MCWMS Use Only** | |
| Date Due: |  |
|  | | Date Provided: |  |

**MUSKEGON COUNTY**

**WASTEWATER MANAGEMENT SYSTEM**

**(MCWMS)**

**SECTION A – GENERAL INFORMATION**

1. Enter the facility’s official or legal name. Do not use a colloquial name.

|  |  |
| --- | --- |
| Facility Name: |  |
| Plant/Division: |  |

1. Operator Name – Give the name, as it is legally referred to, of the person, firm, public organization, or any other entity which operates the facility described in this application. This may or may not be the same name as the facility.

|  |  |
| --- | --- |
| Operator: |  |

Name/Title – Give the name and title of the person whose is responsible for the daily operations of the facility described in this application.

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Title: |  |

1. Owner Name – Give the name, as it is legally referred to, and date of birth (D.O.B.), of the person which owns the facility described in this application.

|  |  |
| --- | --- |
| Owner: |  |

|  |  |
| --- | --- |
| D.O.B.: |  |

1. Provide the municipality where you are located.

|  |  |
| --- | --- |
| Municipality: |  |

1. Provide the site address (i.e., the physical location) of the facility that is applying for a discharge permit.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Street: |  | | | |
| City: |  |  | State: |  |  | Zip Code: |  |

1. Provide the mailing address where correspondence from MCWMS may be sent.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | |
| Street or P.O. Box: | |  | | | | | | |
| City: |  | |  | State: |  |  | Zip Code: |  |

1. Provide the name of the authorized representative for this facility for the purposes of signing all reports. Attach similar information for each authorized representative.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | | |
| Title: |  | | | | | | | | |
| Address: |  | | | | | | | | |
| City: |  | |  | State: |  |  | Zip Code: | |  |
| Phone: |  | Fax: |  | | | |
| E-mail: |  | | | | | | |

1. Provide the name of the facility contact. This person must be a person who is thoroughly familiar with the facts reported on this form and who can be readily available for MCWMS (e.g., the plant manager).

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Title: |  | | |
| Phone: |  | Fax: |  |
| E-mail: |  | | |

1. Provide the name of the facility’s designated financial officer.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Title: |  | | |
| Phone: |  | Fax: |  |
| E-mail: |  | | |

**SECTION B – BUSINESS ACTIVITY**

1. For all industrial/economic activities performed on the premises, indicate the Standard Industrial Classification (SIC) code number for that activity. If more than one code applies, list in order of decreasing significance. (Note: See attachment A for a short list of SIC codes.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

1. As relating to your business activity with MCWMS, which type of Wastewater Discharge Permit are you requesting?

|  |  |  |
| --- | --- | --- |
| Septage | Industrial | Combined |

1. How many vehicles will your business be using to haul waste to MCWMS?
2. Does your facility use a vactor truck for hauling waste?

|  |  |  |
| --- | --- | --- |
| Yes | No | Sometimes |

**SECTION C – DISCHARGE INFORMATION**

1. Indicate the type of wastewater you haul or propose to dispose of at this treatment system.

|  |  |  |
| --- | --- | --- |
| Actual | Proposed |  |
|  |  |  |
|  |  | Septage and/or Portable Toilet Waste |
|  |  | Cleanout from Sanitary Sewer and/or Associated Lift Stations |
|  |  | Restaurant Waste such as Fats, Oils, or Grease (FOG) of Vegetable or Animal Nature |
|  |  | Cleanout from Storm Sewer and/or Storm Water Catch Basins |
|  |  | Other - Please Specify: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
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|  |  |  |
|  |  |  |

1. If you plan to haul or are hauling FOG from non-restaurant facilities or if you plan to haul or are hauling industrial waste, please indicate the name of the source of the FOG or industrial waste below.

|  |  |  |
| --- | --- | --- |
| Source Facility Name |  | Location of Source Facility |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

3. If you plan to haul a new source of industrial waste, submit what analytical test results you have for that waste. Be advised that additional testing of the waste may be required prior to MCWMS accepting the waste.

4. For medical care facilities, indicate any of the following medical wastes which may be discharged or are proposed to be discharged.

|  |  |  |
| --- | --- | --- |
| Actual | Proposed |  |
|  |  |  |
|  |  | Isolation Wastes |
|  |  | Infectious Agents |
|  |  | Human Blood and Blood Products |
|  |  | Pathological Wastes |
|  |  | Sharps |
|  |  | Body Parts |
|  |  | Contaminated Bedding |
|  |  | Surgical Wastes |
|  |  | Contaminated Laboratory Wastes |
|  |  | Dialysis |

**SECTION D – FACILITY OPERATIONAL CHARACTERISTICS**

1. Operational Periods

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hours/Day: |  | Starting Time: |  | Ending Time: |  |

|  |  |
| --- | --- |
| Work Days: | All  Mon  Tue  Wed  Thu  Fri  Sat  Sun |

1. Do you presently have an Act 181 (Part 117) license to remove and transport septic waste?

|  |  |
| --- | --- |
| Yes - Provide a Copy | No |

1. Do you presently have an Act 136 (Part 121) license to remove and transport liquid industrial waste?

|  |  |
| --- | --- |
| Yes - Provide a Copy | No |

1. Do you presently have an Act 64 license to remove and transport hazardous waste?

|  |  |
| --- | --- |
| Yes - Note: MCWMS is not authorized to receive such waste. | No |

**SECTION E – CONFIDENTIALITY**

In accordance with the Ordinance of MCWMS, information contained in this survey will be available to the public without restriction unless it meets the criteria for confidentially as indicated in a submitted “Request for Confidentially” form.

1. Has your facility historically requested confidentiality of MCWMS?

|  |  |
| --- | --- |
| Yes | No |

1. Does your facility wish to claim confidentiality at this time?

|  |  |
| --- | --- |
| Yes - Complete a Request for Confidentially. | No |

**SECTION F – AUTHORIZED REPRESENTATIVE CERTIFICATION STATEMENT**

I certify under penalty of law that this document and all attachments 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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Signature: |  | Date: |  |

**Attachment A**

**Standard Industrial Classification (SIC) Codes**

Note: This is an edited list. The full list of Standard Industrial Classification Codes is available on the internet website at  [https://muskegoncountywastewatertreatment.com/**forms-documents**/](https://muskegoncountywastewatertreatment.com/forms-documents/)

|  |  |
| --- | --- |
| **Code** | **Short Title** |
|  |  |
| 1711 | Septic Tank Installation – Contractors |
|  |  |
| 3089 | Septic Tanks, Plastics – mfg. |
|  |  |
| 3272 | Septic Tanks, Concrete – mfg. |
|  |  |
| 3443 | Septic Tanks, Metal Plate – mfg. |
|  |  |
| 4212 | Local Trucking without Storage |
|  |  |
| 4213 | Trucking, except Local |
|  |  |
| 4214 | Local Trucking with Storage |
|  |  |
| 5039 | Septic Tanks – wholesale |
|  |  |
| 7699 | Septic Tank Cleaning Service |