

Charles County Department of Public Works - Utilities
Pretreatment Program
Waste Hauler Permit Application



SECTION A – COMPANY INFORMATION

Company Name: _____
 Company Address: _____
 Contact Person: _____ Phone: (____) _____
 Chief Executive: _____ Title: _____
 Billing Address: _____
 City, State, Zip: _____

SECTION B – WASTE TRANSPORT VEHICLES

Vehicle #	Make	Model	Tank Volume (Gallons)	Serial # (VIN)	Tag #	State	Health Dept Permit #	Expiration Date (mm/dd/yyyy)
1								
2								
3								
4								

SECTION C – WASTE INFORMATION

1. Types and estimated annual volumes of wastes to be transported and discharged to the Mattawoman Water Reclamation Facility

Industrial Waste **Not permitted at Mattawoman WRF**
 Landfill Leachate _____
 Activated Sludge/Biosolids _____
 Septic Tanks _____
 Portable Toilets _____
 Holding Tanks _____
 Grease Traps _____
 Other (Specify) _____

2. Areas in which your company will operate

Charles County
 Town of La Plata
 Town of Indian Head
 St. Mary's County
 Calvert County
 Prince George's County
 Other (Specify Below)

SECTION D – Required Documentation

The documentation listed below must be submitted and approved prior to the issuance of an Industrial Waste Discharge Permit.

- A certificate documenting that each vehicle listed in Section B has adequate (as required by law) comprehensive general liability and auto liability insurance. Such insurance shall also afford compensation for taking corrective action(s) for bodily injury and/or property damage to third persons caused by accidental releases which may be harmful to the environment.
- A copy of the Charles County Health Department application for Septage Utilizer for each vehicle listed in Section B.
- A copy of the Charles County Health Department Septage Utilizer Truck Permit for each vehicle listed in Section B.

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 knowing violations.

Signature: _____ Date: _____

Printed name and title of signing official: _____