

ROCK RIVER WATER RECLAMATION DISTRICT
WASTEWATER HAULER DISCHARGE PERMIT APPLICATION

Attn: Industrial Waste Surveillance Department

3333 Kishwaukee Street

PO Box 7480

Rockford, Illinois 61126-7480

Applicant: This Application is a:

New Application _____
Renewal _____ W.H.D Permit No. _____
Added Vehicle _____ W.H.D Permit No. _____
Expiration date of previously issued W.H.D. Permit _____

FOR DISTRICT USE ONLY		
Expiration Date	Total Vehicles Permitted	Permit Number

APPLICANT: COMPLETE (TYPE OR PRINT IN INK) ITEMS 1 THROUGH 4. INCOMPLETE OR PHOTOCOPIED FORMS WILL BE REJECTED.

NOTE: SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH ADDITIONAL OWNER

1. _____ Business Name of Hauling Company _____ Company Location (Not P.O. Box) _____ Mailing Address _____ City State Zip _____ County _____ Business Phone _____	1-A. Name and Home Address of Principal or Authorized Representative and Business Title _____ _____ _____ _____ _____ Emergency Phone _____
2. _____ Business Name of Owner of Vehicles _____ Address _____ City State Zip _____ County _____ Business Phone _____	2-A. Description of the type of waste to be hauled to District for disposal: _____ _____ _____ 2-B Analytical Report of representative sample attached. Yes ___ No ___

3. Vehicle Descriptions. Provide information for each vehicle to be approved to haul special waste on following page(s).

4. IN ACCORDANCE WITH TITLE 2 OF DISTRICT'S CODE OF ORDINANCES, WASTEWATER HAULERS DISCHARGING WASTE AT THE DISTRICT UNDER THE IEPA UNIFORM WASTE MANIFEST AND A SPECIAL WASTE HAULING PERMIT FROM THE IEPA SHALL HAVE A VALID RRWRD WASTEWATER HAULER PERMIT.

PERMIT FEE (Check One): _____New _____Renewal @ \$125.00 (1)

VEHICLE PERMIT(S) Number of New Vehicles _____ Number of Renewal Vehicles _____ Added Vehicles _____

(1) Permit fee includes cost of stickers for each vehicle.

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, SECION 9 OF THE DISTRICT'S CODE OF ORDINANCE.

Signature of Vehicle Owner Date Signature of Hauling Company Manager Date

RRWRD 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.

FOR DISTRICT USE ONLY			
Reviewed By	Date	Issue Date	Expiration Date

SPECIAL WASTE HAULING

FOR DISTRICT USE ONLY	
_____ Expiration Date	_____ Permit Number

Company Name _____

State from which license plates are issued, license plate numbers(s), vehicle (parts a and b) and description (parts a and b) must be completed for each vehicle to be permitted.

BE SURE APPLICATION IS COMPLETE!

	STATE LICENSE PLAT NUMBER	VEHICLE	DESCRIPTION
	a. State	a. Make – Model – Year	a. Capacity (Gallons)
	b. License Plate	b. Identification Number	
1.	a. _____ b. _____	a. _____ b. _____	a. _____
2.	a. _____ b. _____	a. _____ b. _____	a. _____
3.	a. _____ b. _____	a. _____ b. _____	a. _____
4.	a. _____ b. _____	a. _____ b. _____	a. _____
5.	a. _____ b. _____	a. _____ b. _____	a. _____
6.	a. _____ b. _____	a. _____ b. _____	a. _____
7.	a. _____ b. _____	a. _____ b. _____	a. _____
8.	a. _____ b. _____	a. _____ b. _____	a. _____
9.	a. _____ b. _____	a. _____ b. _____	a. _____
10.	a. _____ b. _____	a. _____ b. _____	a. _____