

**SEARCY INDUSTRIAL PRETREATMENT PROGRAM**

Liquid Waste Hauler Permit Application

Date of this application: \_\_\_\_\_

Name of waste hauling company: \_\_\_\_\_

Name of owner/principal operator: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Please list the name and driver's license number of each driver likely to deliver hauled wastes under this permit (use the back of this form or additional sheets if necessary):

Name \_\_\_\_\_ DL No. \_\_\_\_\_

=====

1. \_\_\_\_\_
2. \_\_\_\_\_

Please list the make, model, vehicle identification number, license tag number and Arkansas Dept. of Health registration number (if applicable) for each truck likely to deliver hauled wastes under this permit (use the back of this form or additional sheets if necessary):

Make      Model      VIN      Tag No.      Health Dept. #  
=====

1. \_\_\_\_\_
2. \_\_\_\_\_

The nature of the waste that will be hauled for disposal under this permit is:

- \_\_\_\_\_ Residential & commercial septic tank waste
- \_\_\_\_\_ Commercial waste (grease traps, etc.)
- \_\_\_\_\_ Hydrostatic test water only

Certification:

I have read and understand the conditions, requirements and limitations of the Searcy Pretreatment Program as it pertains to transporting and disposing liquid wastes directly to the Searcy Wastewater Treatment Facility and agree to abide by all said conditions. I understand that my failure to abide by the conditions may result, at least, in the revocation of this permit to discharge, and may even result in escalated enforcement actions as permitted by law.

\_\_\_\_\_  
Signature (Owner/Principal Operator)

A \$50.00 permit fee must accompany this application in order for it to be processed.

\_\_\_\_\_  
For Office Use Only

Date Rec'd: \_\_\_\_\_ By: \_\_\_\_\_ Fee encl? Y / N

Permit Issued? Y / N      Mail date: \_\_\_\_\_      Cert. Mail #: \_\_\_\_\_