



City of St. Joseph, Missouri - Water Protection Division

Application for Hauled Wastewater Discharge Permit



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- New Permit Application
- Permit Renewal Application # _____

BUSINESS INFORMATION

Company Name

Company Contact

Business Address	City	State	Zip
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Owner Name

Owner Address	City	State	Zip
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VEHICLE INFORMATION

Information for all vehicles to be permitted must be included. Provide additional sheets if necessary.

Year	Make/Model	VIN	License Plate # and State	Tank Capacity (gallons)

TYPE OF WASTEWATER TO BE HAULED

- | | | |
|---|---|---|
| <input type="checkbox"/> Septic Tanks | <input type="checkbox"/> Holding Tanks | <input type="checkbox"/> Other (describe below) |
| <input type="checkbox"/> Portable Toilets | <input type="checkbox"/> Restaurant Grease Interceptors | _____ |



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VEHICLE INSURANCE

Applicants must submit proof that all vehicles requested to be permitted are covered by at least the minimum vehicle insurance required by the State of Missouri or other state of vehicle licensing if applicable.

Proof of insurance is attached for all vehicles to be permitted

BUSINESS LICENSE

Applicants must maintain a valid City of St. Joseph Business License to obtain a Hauled Wastewater Discharge Permit. If you do not currently have a valid Business License contact Customer Service at (816) 271-4751.

Valid City of St. Joseph Business License is attached.

CERTIFICATION STATEMENT

I understand, agree, and fully comprehend that no discharge of hauled wastewater may be introduced into the City of St. Joseph (City) wastewater collection system via manholes, cleanouts, building sewers, drain lines, or any other appurtenance tributary to the City wastewater collection and/or treatment system without express written approval from the City.

I certify that the information contained within this hauled wastewater discharge permit application is true, accurate, and complete to the best of my knowledge.

If granted a new or reissued hauled wastewater discharge permit by the City, I agree to abide by all permit conditions and City ordinances as well as by all applicable Federal, State, and Local regulations. I agree to pay for any applicable charges for the volume and strength of the wastewater discharged to the City.

I am aware of the conditions and requirements contained in the City's Hauled Wastewater Discharge Permit and understand that failure to comply with the conditions and requirements may result in the immediate suspension or revocation of hauled wastewater discharge permits and all disposal privileges, and may result in future enforcement action and subsequent penalties as may be allowed by Federal, State, Local, and City law.

SIGNATURE

This application must be signed by the owner or legally authorized representative of the business and mailed or hand delivered to St. Joseph Water Protection with an original wet-ink signature.

Signature

Printed Name

Date

Mail or Hand-Deliver Completed and signed Application To:

St. Joseph Water Protection
 3500 State Route 759
 St. Joseph, MO 64504
 (816) 271-4693