



**SANTA ANA WATERSHED PROJECT AUTHORITY
LIQUID WASTE HAULER DISCHARGE
PERMIT APPLICATION**

- New Permit Application
- Permit Renewal (Current Permit No.): _____
- Change of Vehicle Ownership (Previous Permit No.): _____

Name of Company: _____

Name of Owner: _____ Phone No.: _____ Email: _____

Contact: _____ Phone No.: _____ Email: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

San Bernardino County Health Dept. Permit No.: _____ Expiration Date: _____

Riverside County Health Dept. Permit No.: _____ Expiration Date: _____

Insurance Company: _____

Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____

Bonding Company: _____

Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____

Please provide a copy of the "Certificate of Insurance" for each vehicle which will transport wastewater to the Brine Line Collection Station.

Vehicle Information: List each truck and/or trailer owned and operated by your company which will be used to transport liquid waste to one of the Brine Line Collection Stations (attach additional sheets if needed.):

Make	Year	Vehicle License #	Tanker License #	Tank Capacity	County Decal No./Exp. Date

Complete the following information for each location where liquid waste is received and is transported to the Brine Line Collection Station (attach additional sheets if needed).

Name of Wastewater Generator/Site: _____
 Wastewater Generator Permit No.: _____
 Address: _____
 City: _____ Zip Code: _____ Telephone #: _____
 Name of Contact: _____
 Title: _____
 Source(s) of Wastewater: _____
 Permitted Collection Station(s): _____

Name of Facility/Site: _____
 Wastewater Generator Permit No.: _____
 Address: _____
 City: _____ Zip Code: _____ Telephone #: _____
 Name of Contact: _____
 Title: _____
 Source(s) of Wastewater: _____
 Permitted Collection Station(s): _____

Name of Facility/Site: _____

Wastewater Generator Permit No.: _____

Address: _____

City: _____ Zip Code: _____ Telephone #: _____

Name of Contact: _____

Title: _____

Source(s) of Wastewater: _____

Permitted Collection Station(s): _____

"I certify under penalty of law that all information furnished is true and correct, and that I, my agents and employees shall conduct wastewater transport and disposal in accordance with the requirements of the current SAWPA Ordinance, and all applicable Federal, State, County and City regulations. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name: _____ Title: _____

Signature: _____ Date: _____