|  |  |  |  |
| --- | --- | --- | --- |
| **HAULED WASTEWATER PERMIT APPLICATION**  **V7** |  | **For MCRRC Use Only** | |
| Date Due: |  |
|  | | Date Provided: |  |

**MUSKEGON COUNTY**

**RESCOURCE RECOVERY CENTER**

**(MCRRC)**

**SECTION A – GENERAL INFORMATION**

1. Enter the official or legal name of the business. Do not use a colloquial name.

|  |  |
| --- | --- |
| Facility Name: |  |
| Plant/Division: |  |

1. Owner’s Information – Give the name, as it is legally referred to, and contact information of the person which owns the business described in this application.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Phone: |  | Cell (if applicable): |  |
| E-mail: |  | | |

1. Operator’s Information – Give the name, as it is legally referred to, and the contact information of the person, firm, public organization, or any other entity which operates the business described in this application. This may or may not be the same name as the business.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Phone: |  | Cell (if applicable): |  |
| E-mail: |  | | |

1. Primary Contact Information – Give the name, title, and contact information of the person who is responsible for the daily operations of the business described in this application. This person must be someone who is thoroughly familiar with the facts reported on this form and who can be readily available for MCRRC (e.g., the plant manager).

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Title: |  | | |
| Phone: |  | Cell (if applicable): |  |
| E-mail: |  | | |

1. Provide the name of the authorized representative for this business for the purposes of signing all reports. Attach similar information for each authorized representative.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Title: |  | | | | |
| Address: |  | | | | |
| City: |  | State: |  | Zip Code: |  |
| Phone: |  | Cell Phone: |  | Fax: |  |
| E-mail: |  | | | | |

1. Provide the name and contact information for the person responsible for accounts payable (A/P processor).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Title: |  | | | | |
| Address: |  | | | | |
| City: |  | State: |  | Zip Code: |  |
| Phone: |  | Cell Phone: |  | Fax: |  |
| E-mail: |  | | | | |

1. Provide the site address (i.e., the physical location) of the business that is applying for a hauled wastewater discharge permit.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Street: |  | | | | |
| City: |  | State: |  | Zip Code: |  |

1. If different than the address listed above, provide the mailing address where correspondence from MCRRC can be sent.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | |
| Street or P.O. Box: | |  | | | | |
| City: |  | | State: |  | Zip Code: |  |

1. Provide the municipality where the business is located. (Only select one)

|  |  |  |
| --- | --- | --- |
| City: \_\_\_\_\_\_\_\_\_\_\_\_ | Township: \_\_\_\_\_\_\_\_\_\_\_\_ | Village: \_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION B – BUSINESS ACTIVITY**

1. As relating to your business activity with MCRRC, which type of Wastewater Discharge Permit are you requesting?

|  |  |  |
| --- | --- | --- |
| Septage | Industrial | Combined |

1. In regards to the vehicle(s) you will be using to haul waste, list the tank volume and number of vehicles under each vehicle type that applies. If more lines are needed, please attach an additional sheet.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vehicle Type |  | Tank Volume  (gallons) |  | Number of Vehicles |
| Truck with attached tank |  |  |  |  |
|  |  |  |  |  |
| Truck and trailer |  |  |  |  |
|  |  |  |  |  |
| Vactor truck |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Do you presently have an Act 181 (Part 117) license to remove and transport septic waste?

|  |  |
| --- | --- |
| Yes - Provide a Copy | No |

1. Do you presently have an Act 136 (Part 121) license to remove and transport liquid industrial by-product?

|  |  |
| --- | --- |
| Yes - Provide a Copy | No |

1. Do you presently have an Act 64 license to remove and transport hazardous waste?

|  |  |
| --- | --- |
| Yes - Note: MCRRC is not authorized to receive such waste. | No |

1. For all industrial/economic activities performed on the premises of the generator, indicate the Standard Industrial Classification (SIC) code and/or Northern American Industry Classification System (NAICS) code for that activity. If more than one code applies, list in order of decreasing significance. You can find the SIC and NAICS codes listed on our website, <https://mcresourcerecoverycenter.com/forms-documents>.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

**SECTION C – DISCHARGE INFORMATION**

1. Indicate the type of wastewater you plan to dispose of at MCRRC. If you plan to haul fats, oils or grease (FOG) from non-restaurant facilities or if you plan to haul industrial waste, please indicate the source facility name and location of the facility. If you have other wastewater you would like to haul, please give a detailed description.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Estimated Gallons per Day |  | Type of Waste |
|  |  |  |  |
|  |  |  | Septage and/or Portable Toilet Waste |
|  |  |  | Cleanout from Sanitary Sewer and/or Associated Lift Stations |
|  |  |  | Cleanout from Storm Sewer and/or Storm Water Catch Basins |
|  |  |  | Restaurant Waste such as Fats, Oils, or Grease (FOG) of Vegetable or Animal Nature |
|  |  |  |  |
|  |  |  |  |
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Note: If you plan to haul a new source of industrial waste, submit what analytical test results you have for that waste. Be advised that additional testing (and/or information) of the waste may be required prior to MCRRC accepting the waste.

2. For medical care facilities, indicate any of the following medical wastes that are **proposed** to be discharged.

|  |  |  |
| --- | --- | --- |
| Actual | Proposed |  |
|  |  | Isolation Wastes |
|  |  | Infectious Agents |
|  |  | Human Blood and Blood Products |
|  |  | Pathological Wastes |
|  |  | Sharps |
|  |  | Body Parts |
|  |  | Contaminated Bedding |
|  |  | Surgical Wastes |
|  |  | Contaminated Laboratory Wastes |
|  |  | Dialysis |

**SECTION D – FACILITY OPERATIONAL CHARACTERISTICS**

1. Operational Periods:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hours/Day: |  | Starting Time: |  | Ending Time: |  |

|  |  |
| --- | --- |
| Work Days: | All  Mon  Tue  Wed  Thu  Fri  Sat  Sun |

1. Number of Employees: \_\_\_\_\_\_\_\_\_\_\_

**SECTION E – CONFIDENTIALITY**

In accordance with the Ordinance of MCRRC, information contained in this survey will be available to the public without restriction unless it meets the criteria for confidentiality as indicated in a submitted “Request for Confidentiality” form. The form can be found at <https://mcresourcerecoverycenter.com/forms-documents>.

1. Has your facility historically requested confidentiality of MCRRC?

|  |  |
| --- | --- |
| Yes | No |

1. Does your facility wish to claim confidentiality at this time?

|  |  |
| --- | --- |
| Yes **-** Complete a Request for Confidentiality. | No |

**SECTION F – AUTHORIZED REPRESENTATIVE CERTIFICATION STATEMENT**

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 known violations.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Signature: |  | Date: |  |