

# APPLICATION FOR TRUCKED WASTE DISPOSAL



## WARREN COUNTY INFORMATION

DISCHARGE LOCATION: Tayler Bishop, Superintendent of Wastewater Treatment

Lower Little Miami Wastewater Treatment Plant  
2086 West State Route 22 & 3  
Maineville Ohio 45039  
(513) 683-5808

Hours of Operation: 8:00 A.M. to 4:00 P.M. Monday - Friday  
8:00 A.M. to 3:00 P.M. Saturday  
Closed on Sunday

OFFICE CONTACTS: Theresa Reier, Office Administrator  
Chris Wojnicz, Deputy Sanitary Engineer  
Warren County Water & Sewer Department  
POB 530, 406 Justice Drive, Lebanon, Ohio 45036  
(513) 695-1377 Fax (513) 695-2995  
Office Hours: 8:00 A.M. to 5:00 P.M. Monday - Friday

## DISCHARGER GENERAL INFORMATION

COMPANY NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOURS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_  
\_\_\_\_\_

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## WASTE DISCHARGE INFORMATION



ANTICIPATED SOURCES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANTICIPATED VOLUME: Per Day \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_

TRUCK CAPACITY: \_\_\_\_\_ gallons

WARREN COUNTY HEALTH DEPARTMENT APPROVAL NUMBER: \_\_\_\_\_  
(aka HAULER ID NUMBER)

Please list any other pertinent information which you feel we should know regarding your delivery and discharge of wastes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WASTE CHARACTERIZATION: (Check all that apply )

- Domestic septic tank waste \_\_\_\_\_
- Industrial waste \_\_\_\_\_
- Treatment plant sludge \_\_\_\_\_
- Grease trap waste \_\_\_\_\_
- Landfill leachate \_\_\_\_\_
- Portolet Waste \_\_\_\_\_
- Other \_\_\_\_\_

Please provide a detailed description of the proposed waste discharge:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach any available waste analyses which would help characterize this waste.  
Please provide a copy of all applicable MSDS sheets.

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## CERTIFICATION



The information contained in this Application for Trucked Waste Discharge is familiar to me and, to the best of my knowledge, is true, complete and accurate. I further certify that all wastes described herein and proposed to be discharged at the LLMWWTP comply with the Rules & Regulations of the Warren County Water & Sewer Department.

Name of Applicant Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name and Title of Officer/Owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Officer/Owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR WARREN COUNTY USE ONLY

APPROVED: Yes \_\_\_\_\_ No \_\_\_\_\_

COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date