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	Description of last change:	Update of S.U.O reference		
Document Title:	Waste Hauler Discharge Permit Application			

**Broward County**  
**Water and Wastewater Operations Division**  
**Septage Receiving Facility**

**WASTE HAULER DISCHARGE PERMIT APPLICATION FORM**

In accordance with Broward County Code Chapter 34-142 (A) 2., this application must be completed, executed by a company owner or other authorized representative, and submitted within ten (10) days of receipt, along with a **\$75.00 filing fee and a separate deposit check for \$250.00 for one truck; \$500.00 for 2-4 trucks or \$1,000.00 for over five trucks** (made payable to “Broward County Board of Commissioners”) to the following address:

**Manager Compliance and Enforcement Section**  
**Water and Wastewater Services /Water and Wastewater Operations Division**  
**2401 N. Powerline Road,**  
**Pompano Beach, FL 33069**

The BC-WWOD, UES permitting staff is available to assist you. For permit related questions, please contact staff in the Permitting section at (954)-831-3049 or (954) 831-0816.

**Permit application for disposal of the following waste categories:**

- |   |   |
|---|---|
| <input type="checkbox"/> Residential septic               | <input type="checkbox"/> Non-processed restaurant grease trap waste |
| <input type="checkbox"/> Landfill leachate                | <input type="checkbox"/> Other _____                                |
| <input type="checkbox"/> Storm sewer clean-out            | <input type="checkbox"/> Domestic Sewer/ Lift Station               |
| <input type="checkbox"/> Industrial process wastewater ** | <input type="checkbox"/> Portable toilet waste                      |

**\*\* Analytical Results required to be submitted to BCWWS for review and approval prior to disposal.**

**SECTION A – GENERAL INFORMATION**

1. Name of Hauler Company: \_\_\_\_\_

2. Doing Business as: \_\_\_\_\_

3. Registered Agent's Name: \_\_\_\_\_

4. Registered Agent's Address:

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Facility address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Are the trucks garaged at this address? Yes  No

If not, enter the garage address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7. Business Mailing Address:

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

8. Designated facility contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address \_\_\_\_\_

Name of Owner: \_\_\_\_\_

**SECTION B - SPECIFIC INFORMATION**

**ENVIRONMENTAL PERMITS AND/OR LICENSES HELD**

1. <u>Type</u>	<u>Issued by</u>	<u>Exp. Date</u>

LIST ALL ENFORCEMENT HISTORY PERTAINING TO THE DOCUMENTS LISTED IN SECTION B

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Broward County, WWS Account # \_\_\_\_\_

Name of Automobile Insurance Company: \_\_\_\_\_

**Please attach copies of the EPGMD transporter license and inventory**

In the last ten years have you ever owned, operated or otherwise been associated with a waste hauling company which has been fined or had its waste hauler permit suspended or revoked, or has had any other administrative, civil, or criminal action taken by any federal, state, county or local government agency, or is any similar action pending?   YES    NO

Explain if yes:

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**Please list the business names of waste hauling companies you have owned operated, have been employed by or have otherwise been associated with in the last ten years:**

<b>Company Name</b>	<b>Doing Business as ( DBA)</b>	<b>Duration</b>

**SECTION B - SPECIFIC VEHICLE INFORMATION (Cont'd)**

**Vehicle Information for all trucks**

Make/year		Make/year		Make/year	
Tag #		Tag #		Tag #	
Capacity (gal.)		Capacity (gal.)		Capacity (gal.)	
EPD Decal #		EPD Decal #		EPD Decal #	
VIN#		VIN#		VIN#	

Make/year		Make/year		Make/year	
Tag #		Tag #		Tag #	
Capacity (gal.)		Capacity (gal.)		Capacity (gal.)	
EPD Decal #		EPD Decal #		EPD Decal #	
VIN#		VIN#		VIN#	

Make/year		Make/year		Make/year	
Tag #		Tag #		Tag #	
Capacity (gal.)		Capacity (gal.)		Capacity (gal.)	
EPD Decal #		EPD Decal #		EPD Decal #	
VIN#		VIN#		VIN#	

Make/year		Make/year		Make/year	
Tag #		Tag #		Tag #	
Capacity (gal.)		Capacity (gal.)		Capacity (gal.)	
EPD Decal #		EPD Decal #		EPD Decal #	
VIN#		VIN#		VIN#	

**The application must be completed in its entirety before a permit can be issued.  
All persons with ownership in this company must sign this application.**

**CERTIFICATION STATEMENT by Authorized Representative**

I am an authorized representative of the above-named Waste Hauler and have the authority to commit resources necessary to achieve and maintain compliance with the terms and conditions of this permit. I have reviewed this permit application and understand the requirements contained herein. I certify under the penalty of law that this document and all attachments were prepared under my direction or supervision. 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 knowing violations.

I acknowledge that no hazardous waste is to be transported or mixed with liquid waste hauled under this permit.

I also acknowledge that no industrial waste (except where specifically approved by the Director on a case by case basis) is to be transported or mixed with liquid waste hauled under this permit.

Any person willfully or negligently violating this permit condition is subject to a fine of One thousand Dollars (\$1,000.00) for each offense. Each day that a violation is permitted to exist shall constitute a separate offense.

The County shall invoice the permittee for costs incurred for any cleaning, repair or replacement work caused by a violation or discharge, and in the event that the permittee fails to make payment of any such invoice, the County shall suspend the Hauled Waste Discharge Permit.

The person signing this permit application is:

Company's Owner

Other legally Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Other applicable fees:**

<b>A disposal fee per 1000 gallons <u>during business hours</u></b>	<b>\$55.00</b>
<b>A disposal fee per 1000 gallons <u>after business hours</u></b>	<b>\$135.00</b>
<b>Out of County disposal (waste from outside Broward County) -</b>	<b>\$10.00 per 1,000 gallons</b>
<b>Truck clean-out per occurrence- surcharge fee</b>	<b>\$ 90.00</b>
<b>Annual hauler permits fee</b>	<b>\$200.00</b>