



Colorado Springs Utilities
Industrial Pretreatment Program
701 E. Las Vegas St.
Colorado Springs, CO 80903-4348

APPLICATION FOR PERMIT TO (check appropriate boxes):

- Pump waste from appurtenances that are connected to the Colorado Springs Utilities Wastewater Treatment System.**
- Grease traps/interceptors**
 - Sand interceptors**
 - Other (describe) _____**

- Dispose of Liquid Wastes into Colorado Springs Utilities' Designated Disposal Facility from:**
- Septic tanks**
 - Grease traps/interceptors**
 - Sand interceptors**
 - Portable toilets**
 - Holding tanks**
 - Other (describe) _____**

The designated hereby applies for a permit to dispose into Colorado Springs Utilities' Designated Disposal Facility the wastes indicated above, and /or to pump wastes from appurtenances that are connected to the Colorado Springs Utilities Wastewater Treatment System, in accordance with regulations.

1. Company Name: _____

2. Address:

Number & street

City State Zip

3. Mailing Address:

Number & street

City State Zip

4. Phone Numbers:

Office: _____

Fax: _____

Cell: _____

5. Email Address: _____

6. Tax Id/EIN#: _____

7. Sole Owner:

Name

Home address, number & street

City State Zip Home Phone

General Partnership:

Partner name

Home address, number & street

City State Zip Home Phone

Partner name

Home address, number & street

City State Zip Home Phone

Corporation **Limited Liability** **Limit Partnership** **Other:** _____

President/CEO name Title

Address, number & street

City State Zip Home Phone

Vice president, secretary, treasurer, etc. name Title

Address, number & street

City State Zip Home Phone

18. For vehicles listed under Item 16 that pump liquid wastes other than septic tanks, portable toilets, and grease traps, list what materials are pumped by these vehicles and where these materials are disposed.

Truck Make/Year	License #/ Tank Capacity	Type of Material	Material disposal address	Phone Number

I hereby certify that all information concerning vehicles in questions 16 and 18 above are true and correct to the best of my knowledge. Furthermore, I certify that the transfer of liquid wastes between vehicles does not, and will not occur, unless so indicated in Question 16.

Company Name _____

Permit No (if applicable) _____

Signature _____

Date _____

Print name _____

19. Does your company maintain records for each liquid waste pumped regarding the date, time, location, customer name, address, phone number, type of load and destination of each pumping (dispatch log, manifests, forms)?

Yes - Provide a copy No

20. Does your company pump & clean grease traps/interceptors?

Yes – Describe the interceptor pumping/cleaning operation in detail. Where are the liquid wastes disposed?

No

21. Does your company pump sand traps/interceptors?

Yes – Describe the cleaning operation in detail. Where are the liquid wastes and sludge disposed?

No

22. If you answered Yes to #20 or #21, describe any treatment, dewatering or chemical additions (e.g. emulsifiers) used to pre-treat the interceptor waste prior to or at time of disposal.

23. If pumping Portable toilets, what chemicals are used in your Portable toilets? Please provide a Materials Safety Data Sheet (MSDS) for the chemical used.

24. Authorization to run a credit check: (Subject to a deposit)

Yes No

29. Name of all persons authorized to make requests or inquiries on the account.

Each person on the account must be able to provide the Tax ID number to customer service representatives in order to receive account access.

CONFIDENTIAL, PROPRIETARY, TRADE SECRET INFORMATION:

Any information required to be supplied in this application that is considered confidential, proprietary or trade secret information by your company may be designated by you as such, and shall not be made available for public inspection.

CERTIFICATION: 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 omitting information or submitting false information including the possibility of fine and imprisonment for knowing violations.

Application must be signed by a person with ownership in this company or an authorized representative.

Signature _____ Date _____

Print name _____

Signature _____ Date _____

Print name _____