

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:
	Address:

	Number & street						
	City	State	Zip				
3.	Mailing Address:						
	Number & street						
	City	State	Zip				

Phone Numbers:			
Office:			
Fax:			
Cell:			
Email Address:			
Tax Id/EIN#:			
Sole Owner:			
Name			
Home address, number & s	street		
City	State	Zip	Home Phone
General Partnership:			
Partner name			
Home address, number & s	street		
City	State	Zip	Home Phone
Partner name			
Home address, number & s	street		
City	State	Zip	Home Phone
Corporation Limited	d Liability 🗌 Limit Pa	rtnership 🗌 (Other:
President/CEO name			Title
Address, number & street			
City	State	Zip	Home Phone
Vice president, secretary, t	reasurer, etc. name		Title

8. Corporation/Limit Liability/Limit Partnership, is it incorporated under Colorado Laws?

	☐ Yes	☐ No, Where?				
9.	List any other companies that this owner/Corp is affiliated with that provides cleaning or disposal services for sand interceptors, grease interceptors or domestic wastewater treatment sludges.					
10.	Number of perso	ns employed by your comp	bany.			
11.		of operation. (If area of op held in other counties.)				
12.	certificates of de	ental permits and permit no signation, hazardous waste ecify if EPA, State, County	e transporter/trea			
13.		e. (Provide a copy of certifi f-insurance cards will not b		erage for each vehicle to		
	Name of Insurance	9	Agent			
	Address, number a	& street				
	City	State	Zip	Phone		
14.	Workers Comper	sation Insurance. (Provide	a copy of certifie	cate)		
	Name of Insurance	e	Agent			
	Address, number a	& street				
	City	State	Zip	Phone		
	No Workers C Colorado Sprin	ompensation: (A waiver mings Utilities.)	ust be filed with t	he State of Colorado and		

15. What facilities/locations are used for cleaning the inside tanks of your vehicles?

16. List each truck owned or operated by your company or companies you are affiliated with that are used to routinely transfer or pump any type of liquid waste. List all trucks transporting wastes that will be disposing contents at Colorado Springs Utilities' designated disposal facility.

Truck Make/Year	License Number	Tank Capacity	Tank Dimensions (LxWxH)	El Paso County Health Dept Inspection date (provide a copy of report)	Disposal Station to be used (provide name, e.g. Colorado Springs Utilities, etc.)	Estimate the # of times you will dispose at Las Vegas Treatment Plant monthly	Truck used for transfer between vehicles?

17. Under what owner's name(s) are the vehicles listed in Item 16 registered with the Department of Motor Vehicles?

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

Signature _____

Print name _____

Permit No (if applicable)

Date _____

19. Does your	company i	maintain	records fo	r each liquio	d waste p	umped re	garding the
date, time,	location, c	ustomer	name, add	ress, phone	e number	, type of lo	oad and
destinatior	n of each p	umping (dispatch lo	og, manifest	s, forms)	?	

🗌 Yes -	Provide a copy	

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 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