

OFFICIAL USE ONLY: TO BE COMPLETED BY CITY	
DATE APPLICATION RECEIVED	
DATE PERMIT ISSUED	
DATE PERMIT EXPIRES	
PERMIT NUMBER	

**CITY OF FORT SMITH UTILITY
FOG HAULER PERMIT APPLICATION**

SECTION A – COMPANY INFORMATION

1. Facility/Company Name: _____

2. Facility/Company Address:

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

3. Business Mailing Address:

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

4. Designated signatory authority of the facility/company: (Note: If more than one authorized representative, please provide similar information for each.)

Name: _____

Title: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

5. Designated Contact Person:

Name: _____

Title: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

6. Operator's Name: _____

6a. Is the operator of the FOG hauler truck listed in either item 4 or 5? Yes No

(If "No", provide the name, address phone number and e-mail of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.)

SECTION B - BUSINESS ACTIVITY

1. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary).

2. Indicate applicable North American Industry Classification System (NAICS) Code for all processes collected/hailed (If more than one applies, list in descending order of importance.):

a. _____

b. _____

c. _____

d. _____

e. _____

3. FOG Wastewater Volume Hauled/Stored/Disposed of:

Past Calendar Year:

Gallons Per Month:	Average:	Maximum:	Minimum:

Projected Calendar Year:

Gallons Per Month:	Average:	Maximum:	Minimum:

4. For each truck operated list the following information:

Vehicle	Make	Model	Tank Vol. (Gallons)	Vehicle License		ADH Permit #
				License No.	State	
1						
2						
3						
4						

5. Provide a color photograph of each truck clearly showing Company Name and Truck Capacity.

SECTION C - SEWER INFORMATION

1. For an existing business:

Does the company have a current permit? Yes No

If "Yes": Permit number(s): _____ Expiration Date: _____

If "No": Have you reapplied for a permit before the permit expired? Yes No

2. For a new business:

a. Will you be occupying an existing vacant building? Yes No

b. Have you applied for a building permit if a new facility will be constructed? Yes No

c. Will you be connected to the public sanitary sewer system? Yes No

SECTION D - FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information

Work Days	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Shifts per work day							
Employee's per shift							
Shift start and end times							

2. Indicate whether the business activity is:

Continuous through the year, or

Seasonal - Check the months of the year during which the business activity occurs:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

3. Does operation shut down for vacation, maintenance, or other reasons? Yes No

If "Yes", indicate reasons and period when shutdown occurs:

4. List types and quantity of chemicals used or planned for use (attach list if needed). Include copies of Manufacturer's Material Safety Data sheets (MSDS) for all chemicals identified:

SECTION E - NON-DISCHARGED WASTES

1. Are any FOG wastes, liquids or sludges collected and hauled not stored/disposed of?

Yes, please describe below No

Waste Collected/Hauled	Quantity Per Year	Disposal Method

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site. (Use separate sheet if necessary)

3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and facility. (Use separate sheet if necessary)

4. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers and include appropriate permit numbers. (Use separate sheet if necessary)

5. Have you been issued any other Federal, State, or local environmental permits?

Yes, please list below No

Permit Type	Permit Number

Section F - Authorized Signatures

Compliance certification:

1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

Yes

No

Not yet discharging

2. If No:

- a. List what additional operations and maintenance procedures are being considered to bring the facility into compliance. (Use separate sheet if necessary)

- b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Approving Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility. (Use separate sheet if necessary)

Authorized Representative Statement:

"I certify under penalty of law that this document and all attachments were prepared under by 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 knowing violations."

Name: _____

Title: _____

Phone Number: _____

Fax Number: _____

Email: _____

Signature: _____

Date: _____