



Date ____/____/____

**APPLICATION FOR ONE-TIME
WASTEWATER DISCHARGE PERMIT**

I. PREMISE INFORMATION

1. Company Name _____
2. Mailing Address _____

3. Premise Address _____

4. Billing Address _____
(If different from mailing address) _____
5. Contact and Phone Number _____

II. CONTRACTOR/LIQUID WASTE TRANSPORTER (if applicable)

1. Company Name _____
2. Mailing Address _____

3. Contact and Phone Number _____
4. 24-hour Emergency Phone Number _____
(To be used for non-working hours emergencies only)

III. WASTEWATER CHARACTERISTICS

1. Nature of wastewater to be discharged (i.e. hydrocarbons of concern, characteristics of wash water).

