



**WASTE HAULER WASTEWATER DISCHARGE PERMIT APPLICATION
INDUSTRIAL WASTE MONITORING AND PRETREATMENT**

PREMISE INFORMATION

1. Company Name _____
2. Mailing Address _____

3. Premise Address _____

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

VEHICLE INFORMATION:

- Year/Make/Model _____ / _____ / _____
- TX License Plate # _____
- Vehicle Identification # _____
- Storage Tank Capacity (Gallons) _____
- Location of Vehicle when not in use _____

CURRENT PERMITS:

- City of Lubbock Health Department # _____ Expiration Date _____
- Texas Commission on Environmental Quality # _____ Expiration Date _____

Other Permit(s) _____

“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 submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Signature _____ Date _____

Title or Authority of Signer _____

Permit Fee: \$50.00

Please mail the completed permit application and fee to: City Of Lubbock
Industrial Waste Monitoring & Pretreatment
P.O. Box 2000
Lubbock, Texas 79457