



APPLICATION FOR
WASTEWATER DISCHARGE PERMIT
GROUNDWATER RECOVERY AND TREATMENT SYSTEMS

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. GROUNDWATER RECOVERY OR TREATMENT SYSTEM CONTRACTOR

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. OPERATIONAL CHARACTERISTICS

1. Hydrocarbon(s) of concern at this location (i.e., diesel, leaded or unleaded gasoline, AV fuel, etc.):

2. Date you expect to begin operations: _____

