

CITY OF COLUMBIA WASTE HAULER PERMIT APPLICATION



Company: _____

Date: _____

This application must be legible or may be denied.



Date: _____

Please return the completed application and supplemental documents to:

City of Columbia – Columbia Water
Wastewater Compliance – Pretreatment
1200 Simmon Tree Lane
Columbia SC 29201

Company Name : _____

Mailing Address : _____

City: _____ State: _____ Zip: _____

Service Address : _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Federal Tax ID: _____

Owner's Name: _____

Contact Name: _____

(if different from above)

Application Type: ☐ New Application ☐ Renewal Application

If new, do you have a business license with the City of Columbia: ☐ YES ☐ NO

Business License Number: _____

(attach a current copy to this application)

***** TYPE OF HAULED WASTE*****

(CHECK ALL THAT APPLY)

☐ SEPTIC TANK ☐ PORTABLE TOILETS ☐ OTHER _____

NOTE: Any permittee hauling waste shall not have any grease trap/interceptor waste mixed in with the contents. If the contents are mixed the City can revoke this permit immediately. No waste shall be disposed of at the Metro WWTP other than septic tank and portable toilet waste without prior approval. Currently no grease trap/interceptor waste is accepted.

Onsite Requirement:

At all times while at the City Receiving Station the follow Personal Protective Equipment (PPE) will be worn (None of this material will be provided by the City):

1. Steel toe shoes
2. Reflective vest.
3. Safety glasses
4. Nitrile or latex gloves

- All hauled waste drivers are required to clean up any mess created during their off-loading procedures.

Waste Hauler Fleet Identification (to be updated if/when fleet changes occur)

TRUCK NUMBER	LICENSE PLATE NUMBER	TRUCK CAPACITY (GALLONS)	SCDHEC PERMIT NUMBER

Estimated number of Gallons discharged per load: _____

Fee Schedule (source: City Ordinance Article IV Section 23 Chapter IV 23-150)

Charges will be paid through a prepaid punch ticket system, these prepaid punch tickets can be purchased from 1136 Washington Street, Columbia SC 29201 on the 7th floor. The amount of volume being discharged will be determined using the onsite weight scale, each truck will be assigned a specific identification card to be used solely with that vehicle. All vehicles will have their tare weight reset in regular intervals not to exceed 6 months.

Gallons	Septic Tank and Portable Toilet Wastes	Contaminated Groundwater
1—500	\$60.00	\$121.00
501—1,000	72.00	144.00
1,101—1,500	84.00	168.00
1,501—2,000	96.00	192.00
2,001—2,500	108.00	216.00
2,501—3,000	120.00	240.00
3,001—3,500	132.00	264.00
<u>3,501 or more</u>	<u>\$12.00 per 500 gallons or any portion thereof over 3500 gallons</u>	<u>\$24.00 per 500 gallons or any portion thereof over 3500 gallons</u>

Sampling

All loads will be analyzed onsite using a process control pH meter, this reading must be between 6.0 – 9.0, otherwise additional surcharges will apply.

Additional samples will be collected from each load delivered to the Receiving Station, these samples will be analyzed to determine the strength of waste and may result in an overall limitation in the future.

Manifest Requirements:

A copy of the hauling companies manifest must be submitted with this application for review and approval as part of this application. Manifest must include the following information:

In Header

1. Hauled Waste Company Name
2. Hauled Waste Company Address
3. Hauled Waste Company phone number.
4. Hauled Waste Truck identification number.
5. Hauled Waste SCDHEC pump and haul permit number.

Information from location of Origin

6. Generating address of the material.
7. Identification of correct county of origin.
8. Name of property owner at location of origin.
9. Contact phone number of property owner.
10. Type of hauled waste.
11. Estimated volume of waste.
12. Identification of City issued permit number to discharge.
13. Driver name (full name).

Other documents that will need to be submitted with this application:

SCDHEC Pump and Haul License

Copy of the City of Columbia Business License

Copy of the County Health Department Approval

Certification of Application:

I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed 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 fines and imprisonment for knowing violation.

*Signature or Owner or Authorized
Representative*

Date

Printed name

Title