

THE CITY OF GREAT FALLS

Septage Hauler Permit Application Form

Section A: General Information

Section B: Business Activity

Section C: Discharge Information

Section D: Business Operational Characteristics

Section E: Confidentiality

**Section F: Authorized Representative Certification
Statement.**

Attachment A: Vehicle Identification Form



2022

For COGF Use Only	
New Permit Application:	_____
Permit Renewal:	_____

**CITY OF GREAT FALLS
SEPTAGE HAULER DISCHARGE PERMIT APPLICATION**

SECTION A – GENERAL INFORMATION

1. Enter the business or facility’s official or legal name.

Facility or Business Name: _____
 Name: _____

2. Operator Name – Give the name, as it is legally referred to, of the person, firm, public organization, or any other entity which operates the business or facility described in this application. This may, or may not, be the same name as the business or facility.

Operator: _____

3. Is the operator identified in item #2 the owner of the business or facility?

Yes No - Provide the name and address of the owner.

Owner: _____

4. Provide the municipality where you are located.

Municipality: _____

5. Provide the site address (i.e., the physical location) of the business or facility that is applying for a discharge permit.

Street: _____
 City: _____ State: _____ Zip Code: _____

6. Provide the mailing address where correspondence from the City of Great Falls may be sent.

Name: _____
 Street or P.O. Box: _____
 City: _____ State: _____ Zip Code: _____

7. Provide the name of the authorized representative, for this business or facility, for the purposes of signing all reports. Attach similar information for each authorized representative.

Name: _____
 Title: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

8. Provide the name of the business or facility contact. This person must be a person who is thoroughly familiar with the facts reported on this form and who can be readily available to the City of Great Falls (e.g., the plant manager).

Name: _____
 Title: _____
 Phone: _____ Fax: _____
 E-mail: _____

9. Provide contact information for billing purposes.

Name: _____
 Address: _____
 Phone: _____ Fax: _____

SECTION B – BUSINESS ACTIVITY

1. Is your business or facility classified under the Standard Industrial Classification (SIC) code number 7699 Septic Tank Cleaning Service?

YES NO

If different please specify the SIC code number. _____

2. Number of vehicles your business will be using to haul waste to the wastewater treatment plant. _____
 3. Septic Waste Fleet Vehicle Identification Form Attachment A

SECTION C – DISCHARGE INFORMATION

1. Indicate the type of wastewater you haul or propose to dispose of at this treatment system.

Actual Proposed

<input type="checkbox"/>	<input type="checkbox"/>	Septage
<input type="checkbox"/>	<input type="checkbox"/>	Portable Toilet Waste
<input type="checkbox"/>	<input type="checkbox"/>	Other-Please Specify

Do you plan to haul, or are you hauling, Hazardous Waste, Industrial Waste or Restaurant Fats, Oils, and Grease (FOG) or Floor Sump Waste with the same equipment you will be using to haul domestic septage to the Wastewater Treatment Plant?

Note: This permit does not allow discharge of these materials to the Wastewater treatment Plant.

_____ Hazardous Waste	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____ Industrial Waste	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____ (FOG) from Restaurants	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____ Floor Sumps	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____ Other Wastes besides Domestic Septage or Portable Toilets.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	Describe on a separate sheet.	

SECTION D – BUSINESS/FACILITY OPERATIONAL CHARACTERISTICS

1. Operational Periods

Hours/Day: _____ Starting Time: _____ Ending Time: _____

Work Days: Mon Tue Wed Thu Fri Sat Sun

List and provide copies to the City all valid permits and/or licenses held by you, or your company, involving the loading, discharge, or disposal of wastes. Include all Federal, State, Local Permits and your City Business License.

Failure to provide this information may be grounds for denying issuance of a Septage Waste Hauler Discharge Permit.

PERMIT/LICENSE DESCRIPTION	PERMIT/LICENSE #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- CITY BUSINESS LICENSE# _____
- STATE-ISSUED SEPTIC TANK,CESSPOOL,
AND PRIVY CLEANER LICENSE # _____

NOTE: The Permittee must maintain a City Business License and a State Septic Tank, Cesspool, and Privy Cleaner License throughout the term of the permit period. Failure to do so will result in revocation of the permit.

SECTION E – Workers’ Compensation Insurance

1. Does your business comply with all requirements and conditions of the State of Montana Workmen’s Compensation Laws?

YES NO

2. Have you attached a copy of the Certificate of Insurance naming the City as additional insured?

YES NO

3. Do you agree to indemnify, hold harmless and defend the City of Great Falls, its officers, directors, agents, servants and employees from and against all liabilities, damages, actions, costs, losses, claims and expenses, on account of personal injury, death or damages to or loss of property or profits arising out of or resulting, in whole or in part, from any act, omission, negligence, fault or violation of law or ordinance or permission of Permit Applicant? Such indemnification by Permit Applicant shall apply unless such damage or injury results solely from negligence, gross negligence, or willful misconduct of the City of Great Falls.

YES NO

4. Have you included a copy of your current City Business License?

YES NO

5. Have you included a copy of your current Septic Tank, Cesspool, and Privy Cleaner License?

YES NO

6. Have you included the completed Performance bond, in the amount of at least \$25,000.00?

YES NO

7. Have you included the 5 year Permit Application fee of \$128.00?

YES NO

SECTION F – CONFIDENTIALITY

Official Code of the City of Great Falls

13.20.090 Confidential Information

Information and data furnished to the City with respect to the nature and frequency of discharge shall be available to the public, or other governmental agency, without restriction unless the discharger specifically requests and is able to demonstrate to the satisfaction of the City that the release of such information would divulge information, processes, or methods of production entitled to protection as trade secrets or proprietary information of the discharger.

When requested by a discharger furnishing a report, the portions of a report which may disclose trade secrets or secret processes shall not be made available for inspection by the public but shall be made available upon written request to governmental agencies for uses related to this chapter, the Montana Pollutant Discharge Elimination System (MPDES) permit, and/or the pretreatment program; provided, however, that such portions of a report shall be available for use by the State or any State agency in judicial review or enforcement proceedings involving the discharger furnishing the report. Wastewater constituents and characteristics will not be recognized as confidential information. (Ord. 2645, 1993; Ord. 2531 §7, 1989, §13.20.600; Ord. 2386, Exh. A (part), 1985).

SECTION G – AUTHORIZED REPRESENTATIVE CERTIFICATION STATEMENT

I understand this permit only allows the discharge of domestic household septage waste and portable toilet waste at the City Wastewater treatment plant that is in conformance with City Ordinance. Discharge of any material not allowed by this permit is a violation of City Ordinance and may result in enforcement action and/or revocation of this permit.

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 known violations.

Name: _____ Title: _____

Signature: _____ Date: _____

Mail application, fee payment and other information required for the permit to:

Public Works Department
Environmental Division
P.O. Box 5021
Great Falls, MT 59403

Attachment A

SEPTIC WASTE FLEET VEHICLE IDENTIFICATION FORM

Company	Date	
Mailing Address		
Contact	Phone	Fax

Vehicle Information

Year & Make	Model & Color	VIN	License #	Company Unit #	Tank Capacity (gallons)