Commercial Hauled Waste Permit Application
Water Pollution Control Plant

MUSCATINE

[ ] New Permit

[ ] Renewal _____ ST #-_____
             Previous Muscatine WPCP Permit Number   Iowa DNR Tank Cleaner License

Company Name:_____

Business Address:_____

City:_____ State:_____ Zip:_____

Business Phone:_____ Contact Name:_____

Individual Applicant Full Name:_____

E. Mail Address:_____

Indicate the type(s) of waste to be hauled and discharged at Muscatine WPCP:

□ Domestic Septage
□ Domestic Holding Tanks
□ Commercial Waste
□ Commerical Holding Tanks
□ Industrial Waste

□ Portable Toilet Waste
□ Landfill Leachate
□ Out-of-Service Area
□ Other _____

I agree that the City of Muscatine may provide this information to other state and local officials when requested. I understand that violations of any of the provisions of the code of Iowa, Chapter 68 or the Muscatine City Code, Section 4-6-3.6 may lead to revocation of the permit.

_____ Date:_____
(Signature of authorized company representative)

_____ Title:_____
    (Printed name of signer)

Vehicles:

(1)   Vehicle Identification Number (VIN):_____

        Make:_____ Model:_____ Year:_____

        Color:_____ Gross Vehicle Weight:_____

        License Plate Number:_____ State:_____

        Tank Capacity:_____gallons

(2)   Vehicle Identification Number (VIN):_____

        Make:_____ Model:_____ Year:_____

        Color:_____ Gross Vehicle Weight:_____

        License Plate Number:_____ State:_____

        Tank Capacity:_____gallons

(3)   Vehicle Identification Number (VIN):_____

        Make:_____ Model:_____ Year:_____

        Color:_____ Gross Vehicle Weight:_____

        License Plate Number:_____ State:_____

        Tank Capacity:_____gallons

(4)   Vehicle Identification Number (VIN):_____

        Make:_____ Model:_____ Year:_____

        Color:_____ Gross Vehicle Weight:_____

        License Plate Number:_____ State:_____

        Tank Capacity:_____gallons

(5)   Vehicle Identification Number (VIN):_____

Make:_____ Model:_____ Year:_____

Color:_____ Gross Vehicle Weight:_____

License Plate Number:_____ State:_____

Tank Capacity:_____gallons

(6)   Vehicle Identification Number (VIN):_____

Make:_____ Model:_____ Year:_____

Color:_____ Gross Vehicle Weight:_____

License Plate Number:_____ State:_____

Tank Capacity:_____gallons

(7)   Vehicle Identification Number (VIN):_____

Make:_____ Model:_____ Year:_____

Color:_____ Gross Vehicle Weight:_____

License Plate Number:_____ State:_____

Tank Capacity:_____gallons

(8)   Vehicle Identification Number (VIN):_____

Make:_____ Model:_____ Year:_____

Color:_____ Gross Vehicle Weight:_____

License Plate Number:_____ State:_____

Tank Capacity:_____gallons