

3. HAULED WASTE INFORMATION

3.1. Areas in which your company operates (check all that apply):

- Chesterfield County
- City of Richmond
- Henrico County
- Powhatan County
- Goochland County
- Amelia County
- Hanover County
- Other (specify location): _____

3.2. Disposal locations (check all the localities where the company has an active discharge permit):

- Chesterfield County – Proctors Creek WWTP
- City of Richmond
- Henrico County
- Powhatan County
- Hanover County
- Other (specify location): _____

3.3. Sources of hauled waste – Check all that apply by indicating the approximate percentage that is handled:

<input checked="" type="checkbox"/>	WASTE TYPE	PERCENTAGE
<input type="checkbox"/>	Residential Septic tank	
<input type="checkbox"/>	Restaurant Grease trap	
<input type="checkbox"/>	Portable toilet	
<input type="checkbox"/>	Industrial Waste	
<input type="checkbox"/>	Landfill Leachate	
<input type="checkbox"/>	Oil water separator	
<input type="checkbox"/>	Other (specify):	

3.4. Typical volume of septage waste hauled per year: _____ gallons
 Typical volume of grease trap waste hauled per year: _____ gallons

3.5. Do you haul waste from an industrial site on a regular basis? _____ Yes _____ No
 If yes, specify the industry name, type of waste and disposal location: _____

4. CERTIFICATION

I am personally familiar with the information submitted in this application and hereby certify that the information herein is true, accurate, and complete. By signing below, I also certify that I have read, understand, and comply to agree with Chesterfield County's Hauled Waste Discharge Policy.

Name/Title

Signature Date



Chesterfield County, Virginia Utilities Department

1200 Coxendale Rd, Building B – Chester, VA 23836

Phone: (804) 751- 4406 – Fax: (804) 318 - 8493 – Internet: www.chesterfield.gov

HAULED WASTE BILLING APPLICATION

Business Name (Full legal name)	
Alias (DBA – doing business as)	
Business Address (Include city, state, and zip code) <u>NO PO BOX</u>	
Mailing Address (Include city, state, and zip code)	
Federal Tax ID Number	
Social Security Number (If sole proprietor)	
Primary Contact Person (for billing purposes)	
Telephone Number	
Alternate Telephone Number	
Fax Number	
E-mail Address	
Truck (s) License Plate Number(s)	
Customer Signature	
Print Name	