

## Industrial Pretreatment Division

<u>Trucked and Hauled Septage Permit</u> <u>Application,</u> 2025 through 2027 Permit Cycle

Septic Waste Receiving Facility

2900 South Platte River Drive Englewood, CO 80110 303-762-2600

#### Introduction

All Users proposing to discharge trucked and hauled septage wastes to South Platte Renew (SPR) Septic Waste Receiving Facility (SWRF) shall apply for and obtain the required SWRF permit from the City. The SWRF only accepts septage from domestic sanitary septic tanks and portable toilet wastes and is managed by the SPR Industrial Pretreatment Division (Division).

The purpose of this Trucked and Hauled Septage Permit Application is to obtain information necessary to evaluate the sources, quality, and quantity of septage wastes proposed to be disposed of from your business activities and to determine what controls may be necessary for SPR to accept the septage wastes. Trucked and Hauled Septage Permits are issued in accordance with the Cities of Englewood and Littleton Municipal Codes (City of Englewood Municipal Code Title 12, Chapter 2 and City of Littleton Municipal Code Title 7, Chapter 5) as well as Federal regulations (40 CFR, Part 403.5(b)(8)) and EPA Guidance.

Information provided in this application shall be gathered and reported by a party qualified to accurately complete the application. This application must be reviewed and signed by an authorized representative as being true, accurate, and complete (see section E of the Permit Application).

#### **General Application Requirements**

The applicant must fully complete the Trucked and Hauled Septage Permit Application. The application requires a significant amount of information regarding the business and its septage collection and transportation activities along with Insurance and Financial documents.

A non-refundable application fee of \$100.00 is required by the Division for evaluating the application.

All questions/blanks must be filled-out completely and all specified enclosures must be included. Incomplete applications may be returned. If you do not have an answer for any piece of requested information, indicate as "Unknown", or "To Be Determined". If a section does not apply to your operations, indicate as "Not Applicable." If needed, you can add lines to the information tables or attach additional pages.

It is strongly recommended that you read the entire application thoroughly before attempting to complete it, as some sections may require additional research.

#### Permitting Process

Once the complete Trucked and Hauled Septage Permit Application has been received by the Division, the application will be reviewed and you will be notified of any additional requirements.

The Division allows 30 days from the date of submittal of the complete application, as determined by the Division, to review the application, notify you of any additional requirements, and to issue a Trucked and Hauled Septage Permit if all requirements have been met. The actual time required for this process depends on the completeness of information provided, the level of detail that is included in the information, and the timeliness of the response and compliance with any additional requirements.

#### Disclosure of Information and Availability to the Public:

Per City Municipal Code and Federal Regulation (40 CFR Part 403.14); All records, reports, data or other information provided as a result of disclosure required in this application shall be available for public inspection. This provision shall not be applicable to any information designated as a trade secret by the person supplying the information. Materials designated as a trade secret may include but shall not be limited to processes, operations, style of work or apparatus or confidential commercial or statistical data. Any information and data submitted by the applicant that is desired to be considered a trade secret shall have the words "Confidential Business Information" stamped on each page containing such information. Information designated as a trade secret, shall remain confidential and shall not be subject to public inspection. Such information shall be available only to Officers, employees or authorized representatives of the City charged with implementing and enforcing the provisions of this Chapter and properly identified representatives of the U.S. Environmental Protection Agency and the Colorado Department of Public Health and Environment.

# An application completeness checklist is provided for your use in a separate attachment.

Send the **original**, completed application and all required enclosures to:

South Platte Renew Industrial Pretreatment Division 2900 S. Platte River Drive Englewood, CO 80110

or

SPRpretreatment@englewoodco.gov

### South Platte Renew Waste Hauler Application Form

| maning / laar 000.   |  |
|--|--|
| Zip  |  |
| Telephone: ()  | Fax: ()                                    |
| Facility Address (if different from mailing  | g address):                                |
| E-mail address (Required for permit cor  | rrespondence and billing purposes):        |
| Type of Ownership:   |  |
| □ Individual Ownership   |  |
| General Partnership  |  |
| □ Corporation *  |  |
| * If a Corporation, is it incorporated und   | ler Colorado Laws? 🛛 Yes 🗆 No              |
| * If incorporated elsewhere is it register   | red to do business in Colorado? □ Yes □ No |
|  |  |
|  |  |
| Chief Executive:   |  |
| Chief Executive:   | Title:                                     |
| Chief Executive:   | Title:                                     |
| Chief Executive:   | Title:                                     |
| Chief Executive:<br>Name:<br>Telephone:<br>Cell:   | Title:                                     |
| Chief Executive:<br>Name:<br>Telephone:<br>Cell:<br>Business Contact Person(s):  | Title:                                     |
| Chief Executive:<br>Name:<br>Telephone:<br>Cell:<br>Business Contact Person(s):<br>Name:   | Title:                                     |
| Chief Executive:<br>Name:<br>Telephone:<br>Cell:<br>Business Contact Person(s):<br>Name:<br>Telephone:   | Title:                                     |
| Chief Executive:<br>Name:<br>Telephone:<br>Cell:<br>Business Contact Person(s):<br>Name:   | Title:                                     |
| Chief Executive:<br>Name:<br>Telephone:<br>Cell:<br>Business Contact Person(s):<br>Name:<br>Telephone:   | Title:                                     |
| Chief Executive:   |  |
| Chief Executive:<br>Name:<br>Telephone:<br>Cell:<br>Business Contact Person(s):<br>Name:<br>Telephone:   | Title:                                     |
| Chief Executive:         Name:         Telephone:         Cell:         Business Contact Person(s):         Name:         Telephone:         Cell: | Title:                                     |

Previous Address (if applicable):

List all environmental permits and permit numbers held by your company or landfill certificates of designation, hazardous waste transport/treatment, storage disposal permits, etc. (Specify if EPA, State, County, Health Department, Municipality or City permit).

#### Section - B - Service Information

What are the sources of the waste you collect/haul? (For example, residential or commercial septic systems; commercial or construction site portable toilets) include other wastes collected if applicable:

What management practices do you have in place to determine if a waste is acceptable for disposal?

Estimate domestic sanitary septic tank and portable toilet wastes per month:

| Domestic Septic Tanks:  | to | Gal. per month |
|-------------------------|----|----------------|
| Portable Toilet Wastes: | to | Gal. per month |
| Other Wastes (list):    |    | Gal. per month |
|                         |    | Gal. per month |

Is any sanitizer, deodorizer, or chlorination used?  $\Box$  Yes  $\Box$  No If yes, list Chemical(s) used (*provide SDS information with this application*): Geographic Areas (e.g. cities and counties) in which your company will collect wastes for disposal at SPR:

| City | County |
|------|--------|
|      |        |
|      |        |
|      |        |
|      |        |
|      |        |

Does your company maintain records for each liquid waste pumped pertaining to the date, time, location, customer name, address, phone number, type of load, volume, and disposal destination of each pumping (e.g. dispatch log, daily pump log, manifests, forms)?

□ Yes – Provide information including copies of forms used if available

🗆 No

List of other POTWs or other locations where the hauled waste is disposed:

#### Section – C – Vehicle Information

\*Complete Attachment A

Under what owner's name(s) or company name(s) are the vehicles listed in Attachment A registered with the licensing state's office of Department of Motor Vehicles?

Are hoses mounted, capped, and stored to prevent leakage prior to and during transit? □ Yes □ No

Are discharge valves capped and water-tight to avoid leakage during transit? 
Ves 
No

Provide all facility addresses where cleaning or draining vehicles occurs:

Provide all facility addresses where trucks and equipment are stored:

Provide all facility addresses where waste is screened, sorted, or transferred between tanks or trucks:

| Is antifreeze used in truck  | tanks/pipes to prevent system freezing? $\Box$ Yes $\Box$ No   |
|--|--|
| Section – D – Insuran  | ce and Financial Information   |
| <u>Permit Bond (Su</u>   | rety Bonding)  |
|  | tion (Bond amount for applicants will be provided by SPR. City of<br>Bond Form is provided in Attachment C.) |
| Company Name:  |  |
| Constant Names   |  |
| Address:   |  |
| Telephone:   |  |
| <u>Commercial Ger</u><br>information                                 | neral Liability Insurance – Insurance Company and/or Agent   |
| Company Name:  |  |
| Contact Name:  |  |
| Address:   |  |
| Telephone:   |  |
| <u>information</u><br>Company Name: _<br>Contact Name: _<br>Address: | ensation Insurance – Insurance Company and/or Agent  |
| Telephone:   |  |
| <u>Comprehensive</u><br>Agent Informatio                             | <u> Automobile Liability Insurance – Insurance Company and/or</u><br><u>n</u>                                |
| Company Name:  |  |
| Contact Name:  |  |
| Address:   |  |
| Telephone:   |  |

Prior to the issuance of a permit, certificate of insurance(s) indicating comprehensive automobile liability, commercial general liability, and workers' compensation coverage, including policy number, limitations and policy period must be submitted. See Attachment D for minimum insurance requirements.

#### Section – E – Certification

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 omitting information or submitting false information including the possibility of fine and imprisonment for knowing violations.

Application must be signed by a person with ownership in this company or an authorized representative as identified in Section A.

Signature:

Date

Print Name:

#### Attachments:

Attachment A - Septic Waste Fleet Vehicle Identification Form

Attachment B - Gate Card Request Form

Attachment C - Surety Bond Form

Attachment D - Minimum Insurance Requirements

### Attachment A Septic Waste Fleet Vehicle Identification Form

List each truck owned or operated by your company or companies you are affiliated with that are used to transfer or pump any type of liquid waste. List all trucks transporting wastes that will be disposing contents at SPR Septic Waste Receiving Facility.

| Truck Make/Model/Year | Vehicle VIN<br>Number | Cab / Tank Color | License Plate<br>Number<br>(Include Issuing<br>State if not<br>Colorado) | Working<br>Tank<br>Septage<br>Holding<br>Capacity<br>(gallons) | Overall<br>Tank<br>Capacity<br>(gallons) | Truck used<br>for transfer<br>between<br>vehicles?<br>(Yes / No) |
|-----------------------|-----------------------|------------------|--|--|--|--|
|                       |                       |                  |  |  |  |  |
|                       |                       |                  |  |  |  |  |
|                       |                       |                  |  |  |  |  |
|                       |                       |                  |  |  |  |  |
|                       |                       |                  |  |  |  |  |
|                       |                       |                  |  |  |  |  |
|                       |                       |                  |  |  |  |  |

2900 S. Platte River Drive Englewood, CO 80110 Phone: 303.762.2600



| SEPTI  | IC HAULER GATE CARD<br>(One per vehicl   |   |  |
|--|--|---|--|
| <ol> <li>The gate card you signal</li> <li>All replacement gate</li> <li>All gate cards must be</li> </ol> | olen, inform South Platte R<br>gn for today, can ONLY be<br>cards cost \$25 per card, a<br>pe re-verified with SPR eac | Renew (SPR) IMMEDIATELY.<br>e used with the vehicle listed below.<br>and take 24 hours to procure.<br>ch January. |  |
| 5. All gate cards must a Septic Hauler Company   | be returned upon terminati   | ion of permit with SPR.   |  |
| Company Address  |  | City, State, Zip  |  |
| Company Phone  |  | Cell Phone  |  |
| Company Representative (Ple  | ∋ase Print)  | Title   |  |
| Company Representative Sig   | nature   | Date  |  |
| I have r   | eceived the gate car<br>and agree to the ter   |   |  |
| Name (Please Print)  |  | Title   |  |
| Signature  |  | Date  |  |
| Vehicle Information  |  |   |  |
| Year, Make, Model  |  | VIN   |  |
| Company Unit Number  | Capacity (gallons)   | License Plate   |  |
|  | or, pass or wave the card in<br>d on the dashboard of a veh  |   |  |

> Do NOT puncture or bend card.

| For WWTP Office Use Only       |                      |   |  |
|--------------------------------|----------------------|---|--|
| Date Issued WWTP Vehicle Numbe | Card # Assigned<br>r | New Card         Replacement for Lost Card         Replacement for Damaged Card |  |
| Contact                        |                      | Phone   |  |

#### **SURETY BOND**

KNOW ALL BY THESE PRESENT, that we \_\_\_\_\_\_, as Principal, and \_\_\_\_\_\_, as Surety, are held and firmly bound unto the City of Englewood, 1000 Englewood Parkway, Englewood, Colorado 80110, as Obligee, in the sum of \_\_\_\_\_\_ dollars (\$\_\_\_\_\_) for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these present.

Sealed with our seals and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

#### THE CONDITION OF THIS OBLIGATION IS SUCH that:

WHEREAS, the Principal has been or is about to be granted a permit to discharge waste from septic tanks, privies, or other approved wastes into the system of the Obligee;

**NOW, THEREFORE**, if the Principal well and truly complies with the Rules and Regulations of the Obligee, including the rendering of payment as required in such Rules and Regulations, and conduct business in conformity therewith, then this obligation is void; otherwise to remain in full force and effect, and the Surety will pay the full value of all claims or demands with a total amount not exceeding the amount of this obligation.

**PROVIDED, HOWEVER,** that this bond shall continue in force until \_\_\_\_\_, 20\_\_\_\_, or until the date of expiration of any Continuation Certificate executed by the Surety.

This bond may be terminated at any time by the Surety upon sending in writing by certified mail to the clerk of the political subdivision with whom this bond is filed and to the principal addressed to them at the political subdivision named herein, and at the expiration of 30 days from the mailing of said notice, this bond shall ipso facto terminate and the Surety shall thereupon be relived from any liability for any acts or omissions of the principal subsequent to said date.

IN TESTIMONY WHEREOF, the principal has hereunto set his hand and the Surety has caused these present to be executed in its name and it corporate seal to be affixed by its attorney-in-fact at \_\_\_\_\_\_, Colorado, on this \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_.

| Principal      |      |      |
|----------------|------|------|
| By:            | <br> |      |
|                |      |      |
| Surety Company | <br> | <br> |
|                |      |      |
|                | <br> |      |
| Address        | <br> | <br> |
|                |      |      |

(Seal) (Accompanying this bond with attorney-in-fact's authority from the Surety Company certified to include the date of the bond.)

#### Attachment C

#### Attachment D

#### **Minimum Insurance Requirements**

#### SOUTH PLATTE RENEW MINIMUM INSURANCE REQUIREMENTS FOR LIQUID WASTE HAULERS USING SPR WASTEWATER TREATMENT PLANT

Before the issuance of a Waste Hauler Permit and upon request, any Permittee who applies for a permit to dispose of waste at SPR wastewater treatment plant, will provide the following insurance along with any certificates evidencing the coverage as set forth below.

**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE**. Workers' Compensation Insurance shall be provided at the statutory limits where work is performed under the Permit. Workers' Compensation coverage shall include a waiver of subrogation in favor of Utilities.

The liability limits shall not be less than:

Workers' Compensation – Statutory

Employer's Liability: \$100,000 Each Accident \$500,000 Policy Limit \$100,000 Each Employee

**COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE**. All Permittees are required to maintain comprehensive automobile coverage, which shall protect the Permittee against all claims for injuries to members of the public and damage to property of others arising from the use of motor vehicles owned by the Permittee, and used in waste hauling operations. The coverage shall cover operation on or off-site of all motor vehicles licensed for highway use, whether they are owned, non-owned or hired.

The liability limits shall not be less than:

<u>Bodily Injury:</u> \$150,000 each person; and \$600,000 each occurrence. Property Damage: \$600,000 each occurrence; or

A combined single limit of \$600,000 each occurrence for Bodily Injury and Property Damage

**COMMERCIAL GENERAL LIABILTY INSURANCE.** The Permittee shall carry Commercial General Liability insurance written in comprehensive form and covering all operations by or on behalf of the Permittee, and providing insurance for bodily and injury liability and property damage liability for the limits of liability indicated below and specifically including coverage for and not limited to coverage for premises and operations.

The liability limits shall not be less than:

<u>Bodily Injury:</u> \$150,000 each person; and \$600,000 each occurrence. <u>Property Damage:</u> \$600,000 each occurrence; with \$1,000,000 annual aggregate; or

A Combined Single Limit of \$600,000 each occurrence for Bodily Injury and Property Damage with an annual aggregate of at least \$1,000,000.

All Policies shall list the City of Englewood, City of Littleton, and South Platte Renew as additional insureds.