APPLICATION FOR PERMIT TO (check appropriate boxes):

☐ Pump waste from appurtenances that are connected to the Colorado Springs Utilities Wastewater Treatment System.

☐ Grease traps/interceptors
☐ Sand interceptors
☐ Other (describe) _____________________________________________

☐ Dispose of Liquid Wastes into Colorado Springs Utilities' Designated Disposal Facility from:

☐ Septic tanks
☐ Grease traps/interceptors
☐ Sand interceptors
☐ Portable toilets
☐ Holding tanks
☐ Other (describe) _____________________________________________

The designated hereby applies for a permit to dispose into Colorado Springs Utilities’ Designated Disposal Facility the wastes indicated above, and/or to pump wastes from appurtenances that are connected to the Colorado Springs Utilities Wastewater Treatment System, in accordance with regulations.

1. Company Name: _____________________________________________

2. Address:

Number & street

City State Zip

3. Mailing Address:

Number & street

City State Zip
4. Phone Numbers:
   Office: ____________________________
   Fax: ______________________________
   Cell: ______________________________
5. Email Address: _______________________
6. Tax Id/EIN#: ________________________
7. ☐ Sole Owner:

   Name

   Home address, number & street

   City       State       Zip       Home Phone
☐ General Partnership:

   Partner name

   Home address, number & street

   City       State       Zip       Home Phone

   Partner name

   Home address, number & street

   City       State       Zip       Home Phone
☐ Corporation ☐ Limited Liability ☐ Limit Partnership ☐ Other: ______________________

   President/CEO name       Title

   Address, number & street

   City       State       Zip       Home Phone

   Vice president, secretary, treasurer, etc. name       Title

   Address, number & street

   City       State       Zip       Home Phone
8. Corporation/Limit Liability/Limit Partnership, is it incorporated under Colorado Laws?

☐ Yes       ☐ No, Where? ________________________________

9. List any other companies that this owner/Corp is affiliated with that provides cleaning or disposal services for sand interceptors, grease interceptors or domestic wastewater treatment sludges. ________________________________

10. Number of persons employed by your company. ________________________________

11. Proposed area(s) of operation. (If area of operation is outside of El Paso County, list permits/licenses held in other counties.) ________________________________

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

13. Vehicle Insurance. (Provide a copy of certificate proving coverage for each vehicle to be used; proof-of-insurance cards will not be accepted.)

<table>
<thead>
<tr>
<th>Name of Insurance</th>
<th>Agent</th>
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14. Workers Compensation Insurance. (Provide a copy of certificate)

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<th>Name of Insurance</th>
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☐ No Workers Compensation: (A waiver must be filed with the State of Colorado and Colorado Springs Utilities.)

15. What facilities/locations are used for cleaning the inside tanks of your vehicles?
16. List each truck owned or operated by your company or companies you are affiliated with that are used to routinely transfer or pump any type of liquid waste. List all trucks transporting wastes that will be disposing contents at Colorado Springs Utilities’ designated disposal facility.

<table>
<thead>
<tr>
<th>Truck Make/Year</th>
<th>License Number</th>
<th>Tank Capacity</th>
<th>Tank Dimensions (LxWxH)</th>
<th>El Paso County Health Dept Inspection date (provide a copy of report)</th>
<th>Disposal Station to be used (provide name, e.g. Colorado Springs Utilities, etc.)</th>
<th>Estimate the # of times you will dispose at Las Vegas Treatment Plant monthly</th>
<th>Truck used for transfer between vehicles?</th>
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17. Under what owner’s name(s) are the vehicles listed in Item 16 registered with the Department of Motor Vehicles?
18. For vehicles listed under Item 16 that pump liquid wastes other than septic tanks, portable toilets, and grease traps, list what materials are pumped by these vehicles and where these materials are disposed.

<table>
<thead>
<tr>
<th>Truck Make/Year</th>
<th>License #/ Tank Capacity</th>
<th>Type of Material</th>
<th>Material disposal address</th>
<th>Phone Number</th>
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I hereby certify that all information concerning vehicles in questions 16 and 18 above are true and correct to the best of my knowledge. Furthermore, I certify that the transfer of liquid wastes between vehicles does not, and will not occur, unless so indicated in Question 16.

Company Name ____________________________________________  Permit No (if applicable) ______________
Signature _______________________________________________  Date ________________________________
Print name _______________________________________________
19. Does your company maintain records for each liquid waste pumped regarding the date, time, location, customer name, address, phone number, type of load and destination of each pumping (dispatch log, manifests, forms)?

☐ Yes - Provide a copy  ☐ No

20. Does your company pump & clean grease traps/interceptors?

☐ Yes – Describe the interceptor pumping/cleaning operation in detail. Where are the liquid wastes disposed?

______________________________________________________________

______________________________________________________________

☐ No

21. Does your company pump sand traps/interceptors?

☐ Yes – Describe the cleaning operation in detail. Where are the liquid wastes and sludge disposed?

______________________________________________________________

______________________________________________________________

☐ No

22. If you answered Yes to #20 or #21, describe any treatment, dewatering or chemical additions (e.g. emulsifiers) used to pre-treat the interceptor waste prior to or at time of disposal.

______________________________________________________________

______________________________________________________________

______________________________________________________________

23. If pumping Portable toilets, what chemicals are used in your Portable toilets? Please provide a Materials Safety Data Sheet (MSDS) for the chemical used.

______________________________________________________________

________________________________________________________________

24. Authorization to run a credit check: (Subject to a deposit)

☐ Yes  ☐ No
29. Name of all persons authorized to make requests or inquiries on the account.

Each person on the account must be able to provide the Tax ID number to customer service representatives in order to receive account access.

________________________________________________________________________________

________________________________________________________________________________

CONFIDENTIAL, PROPRIETARY, TRADE SECRET INFORMATION:

Any information required to be supplied in this application that is considered confidential, proprietary or trade secret information by your company may be designated by you as such, and shall not be made available for public inspection.

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.

________________________________________________________________________________

Signature                              Date

Print name

________________________________________________________________________________

Signature                              Date

Print name