



## THE CAMDEN COUNTY MUNICIPAL UTILITIES AUTHORITY

1645 Ferry Avenue • Camden, NJ 08104

Phone (856) 541-3700

[www.ccmua.org](http://www.ccmua.org)

### WASTE HAULER PERMIT APPLICATION

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this application which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

**Please complete this application as thoroughly and accurately as possible. For questions or assistance with completing the application, please contact Caitlin Foussadier at (856) 583-2313. To submit the completed application, please email [permitting@ccmua.org](mailto:permitting@ccmua.org).**

#### **SECTION A: GENERAL HAULER INFORMATION**

Company Name: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City/ State/ Zip Code: \_\_\_\_\_

Company Physical Address (if different from above): \_\_\_\_\_

City/ State/ Zip Code: \_\_\_\_\_

#### **SECTION B: AUTHORIZED REPRESENTATIVE INFORMATION**

The Authorized Representative designated for this company and signing this form must meet one of the following requirements:

1. A principal executive officer of at least the level of vice principal, if the company submitting this form is a corporation.
2. A general partner or proprietor, if the company is submitting this form is a partnership or sole proprietorship.
3. The principal executive officer or director, if the company is a Federal, State, or Local Government entity.

#### **Authorized Representative**

Name and Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**CCMUA WASTE HAULER PERMIT APPLICATION**

COMPANY NAME: \_\_\_\_\_

**Secondary Contact (if applicable):**

Name and Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION C: TYPE OF HAULER**Check One: ☐ Municipal Grit ☐ Domestic/ Commercial Septage ☐ Other**SECTION D: HAULER STATUS**Check One: ☐ Existing Hauler ☐ New Hauler**SECTION E: VEHICLE INFORMATION**

Waste materials that are nonhazardous are regulated as solid wastes in the State of New Jersey per N.J.A.C. 7:26-1.6. Per N.J.A.C. 7:26-3.2(a) requires any device used for the transportation of solid waste shall be registered with the NJDEP as either a "Solid Waste Trailer", "Solid Waste Container", or "Solid Waste Single Unit Vehicle". Lastly, N.J.A.C. 7:26-3.2(h) requires all solid waste vehicles registered with the NJDEP for the transportation of solid waste must be owned or leased by the applicant.

The Camden County Municipal Utilities Authority requires a current NJDEP registration decal in order to use the Authority's Facility.

Below, list the License Plate Number, NJDEP Decal Number, and the gallon capacity, where appropriate, for each vehicle used for waste disposal at the CCMUA's facility.

Vehicle Number	Type of Vehicle				License Plate Number	NJDEP DECAL #	Gallon Capacity	CCMUA USE ONLY
	Cab	Trailer	Container	Single Vehicle Unit				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

## CCMUA WASTE HAULER PERMIT APPLICATION

COMPANY NAME: \_\_\_\_\_

Only vehicles listed on this form will be permitted to use the CCMUA's Facility. The CCMUA must be notified by the applicant in writing of any changes to this form.

In the event of a temporary vehicle, the Authority must be notified, in writing, and provided with the information required above to issue a temporary decal.

### **SECTION F: NON-SEPTAGE WASTE HAULERS ONLY**

#### **Generation Location Information**

For disposal of waste to the anaerobic digesters, all Generator information must be submitted to the CCMUA for review using Attachment C- Waste Profile Form. This form must be completed and Certified by the Applicant.

Below, list the generator name on each attachment submitted with this application:

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#### **Analytical Result Requirements**

For each completed Waste Profile Form submitted to the CCMUA, analytical results must be included. All sampling requirements are outlined in Attachment A and all analyses must be performed by a New Jersey Certified Laboratory.

### **SECTION G: CERTIFICATION**

I have personally examined and am familiar with the information submitted in this document and attachments. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the information submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibilities of fines, revocation of discharge privileges, and imprisonment. I have read and fully understand the CCMUA site access rules. I understand that I am subject to all rules, regulations, and standards outlined in the Authority's Industrial Pretreatment Program and the Authority's Sewer Use Ordinance.

Authorized Representative Printed Name: \_\_\_\_\_

Authorized Representative Title: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_