



**Butler County Department of  
Environmental Services**

**Trucked Waste Discharge  
Permit Application**

**Butler County Department of Environmental Services**

**130 High Street Hamilton, OH 45011**



**Butler County Department Environmental Services**  
*(print or type the requested information)*

**Trucked Waste Discharge  
Permit Application**

Part A

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

Physical Business  
Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Company Phone #: \_\_\_\_\_

Company Fax #: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Part B

Company Contact  
Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Company Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**If the vehicle owner and/or the applicant is a corporation or partnership, provide the names, addresses, and phone numbers of ALL corporate officers or partners (use a separate attachment if necessary).**

Part C

Vehicle Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Company Truck #: \_\_\_\_\_  
Make/Model/Year: \_\_\_\_\_  
Vehicle Serial #: \_\_\_\_\_  
Vehicle License #: \_\_\_\_\_  
Color of Vehicle: \_\_\_\_\_  
Tank Capacity in Gal.: \_\_\_\_\_  
Tank License: \_\_\_\_\_  
Cab License (if separate): \_\_\_\_\_

Part D

*List all other county or city license and permits issued to the vehicle or for the use of the vehicle.*

Agency: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
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Agency: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Does the vehicle listed in Part C:**

(Circle yes or no)

Transport any wastes other than those of domestic origin?

Yes      No

Does this vehicle land apply?

Yes      No

**If Yes, list the types of waste (i.e., chemical waste, oil and grease, industrial wastes) and the disposal facility used. If No, indicate N/A for the following.**

Type of Waste

Disposal Location

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List any holding tanks, pits, and/or traps on the company premises used to store waste prior to final disposal. If none, indicate N/A**

Tank Type

Location

Size

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List any civil and/or administrative actions taken against this company for any violation of waste disposal regulations in the last five years.**

Offense: \_\_\_\_\_ Date of Citation: \_\_\_\_\_

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- ◆ Each vehicle must be registered separately.
- ◆ The permit fee for each vehicle is twenty-five dollars (\$25.00)
- ◆ Permit Fee(s) are due at the same time of application and made payable to Butler County Department of Environmental Services.

- ◆ Color photographs approximately 3 1/2 " x 5 1/2" clearly showing rear and passenger side view of vehicle must accompany application.
- ◆ Applicant shall provide, with the application, a copy of a current Butler County Board of Health Scavenger's License for the vehicle(s) being permitted.

Send completed application to:

Butler County Department of Environmental Services  
 130 High Street  
 Attn: Tara Dickerson  
 Hamilton, OH 45011

By Signing this application, the applicant agrees to abide by the rules, regulations and procedures as set forth according to the Butler County Sewer Use Ordinance and swears that all information submitted is true and accurate to the best of the applicant's knowledge.

\_\_\_\_\_  
 Company owner/representative signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

office use only

Approved	Reason: Rejected
Date: _____	_____
Approved by: _____	_____
Permit Number: _____	_____