

## INSTRUCTIONS FOR COMPLETING THE WHDP APPLICATION

All questions **MUST** be answered. **DO NOT LEAVE BLANKS**. The application may be typed or neatly printed. If the application is incomplete or not legible, it will be returned to the applicant upon noting the deficiency. In accordance with JEA's *Industrial Pretreatment Regulations*, the applicant shall be given thirty (30) days to correct the deficiency. If the applicant does not correct the application within that period of time, the application will be submitted to the Vice President, with a recommendation that it be denied. The applicant will be notified of this action in writing. Upon receipt of such notice, the applicant has ten (10) days to submit a written request for an administrative hearing to discuss this action.

The applicant is required to supply information regarding **ALL** of the processes at this facility. If a question is not applicable, please indicate so on the form. Instructions to some of the questions on the application are given below.

Please send the attached Waste Hauler Insurance Requirements form to your insurance company for compliance with JEA insurance requirements.

In order for the application to be processed the application with the original signatures and all requested information and supplemental attachments must be returned to JEA at the address listed below. **The application must be accompanied by a \$250 Permit fee in the form of a check made payable to JEA.**

### **Return the application to:**

JEA  
Industrial Pretreatment, T-8  
21 W Church Street  
Jacksonville, FL 32202-3139

### **1. GENERAL INFORMATION**

- 1.1 Enter the facility's legal name. Do not use an informal name.
- 1.2 Provide the physical location of the facility that is applying for the permit.
- 1.3 Provide the mailing address where correspondence from the Office of Industrial Pretreatment may be sent.
- 1.4 Provide all the names of the authorized signatories for this facility for the purposes of signing all reports submitted to the Office of Industrial Pretreatment. Please refer to the handout on "Signatory requirements for Industrial Users" for completing this question.
- 1.5 Provide the name of a person who is thoroughly familiar with the facts reported on this form and the daily operations of this company. This person should be a local representative of the company (i.e.: manager, supervisor).

## **2. SERVICE AND VEHICLE INFORMATION**

- 2.1 If currently permitted check "Yes". If this is for a new permit check "No" and specify date first discharge needed. Date indicated does not assure permission to discharge by this date. Facility must have current permit before discharge.
- 2.2 Check all that apply. If type of service not listed, check "Other" and specify type of service required.
- 2.3 Indicate the estimated gallons of wastewater to be discharged each week.
- 2.4 List the truck number, capacity and license plate information for each tanker truck that will discharge to the POTW. Each truck shall be permanently marked with the truck number and capacity. Submit a color photo of each vehicle with the completed application.
- 2.5 Indicate the status of insurance coverage. Submit insurance certificates with completed application.

## **3. TREATMENT AND DISPOSAL**

Provide a listing of all chemicals that are used for treating waste prior to discharge. If trade names are used, list the chemical constituents and indicate if Material Safety Data Sheets are available for these products.

## **4. PERMITS**

- 4.1 Provide a list of all environmental permits held by your facility.
- 4.2 Provide a list of all sites your facility uses to dispose of wastes.

## **5. CERTIFICATION STATEMENT**

To determine the authorized representative, please refer to the handout on "Signatory requirements for Industrial Users". Please print your proper name and title in the appropriate spaces. Make sure application is signed and dated before returning to our office.



**WASTE HAULER DISCHARGE PERMIT (WHDP) APPLICATION**

**1. GENERAL INFORMATION**

**1.1** Facility Name: \_\_\_\_\_

**1.2** Facility Address: \_\_\_\_\_

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

**1.3** Mailing Address: \_\_\_\_\_

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

**1.4** Designated authorized representative(s) of the facility (attach similar information for each authorized representative).

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**1.5** Designated Facility Contact (must be locally based):

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_

(If different from above)

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**2. SERVICE AND VEHICLE INFORMATION**

2.1 Is this application submittal for a permit renewal?

- Yes
- No

2.2 Check type of transported waste that is being requested for disposal at JEA’s WWF.

- Septic Tank Pumpout
- Sewage Holding Tank Pumpout
- Grit from WW collection systems
- Grit from cleaning WW plants, pump stations, holding tanks & digesters
- Other (Specify)\_\_\_\_\_
- Chemical Toilet Service
- Landfill Leachate
- Grit/debris from stormwater systems

2.3 Estimated volume to be discharged per week: \_\_\_\_\_ gallons

2.4 List the vehicle number, capacity & license plate number, include State registration for each truck that will be transporting and discharging wastes to JEA’s WWF. (**Attach a color photo of each vehicle**)

Truck #	Capacity (gallons)	License Plate # (FL-A 1234 C)	Type (Vac-con, pump truck, tanker, tractor)

2.5 **Insurance Coverage** – Prior to discharging wastes at JEA’s WWF, each waste hauler shall procure and maintain at its sole expense insurance of the types and in the minimum amounts stated below:

Schedule	Amount
<u>Workers’ Compensation</u> For Florida Statutory coverage & Employer’s Liability (including appropriate Federal acts)	Statutory limits (Workers’ Compensation) \$100,000 each accident (Employer’s Liability)
<u>Commercial General Liability</u> Premises – Operations Products – Completed Operations Contractual Liability Independent Contractors Broad Form Property Damage Explosion, Collapse and Underground Hazards (XCU coverage) as appropriate	\$500,000 each occurrence \$1,000,000 annual aggregate for bodily injury & property damage, combined single limit
<u>Automobile Liability</u> All autos – owned, hired, or non-owned	\$500,000 each occurrence, combined single limit

**Indemnification:**

The waste hauler shall include a Indemnification stating that the waste hauler shall hold harmless, indemnify, and defend JEA against any claim, action, loss, damage, injury, liability, cost and expense of whatsoever kind or nature (including, but not by way of limitation, attorney’s fees and court costs) arising out of injury (whether mental or corporeal) to persons, including death, or damage to property, arising out of or incidental to the negligent acts or omissions of Permittee, in the performance of the activities permitted herein. In the event of joint negligence on the part of JEA and waste hauler, any loss shall be apportioned in accordance with the provisions of the Uniform Contribution Among Tortfeasors Act (s. 768.31, F.S.), as that Act exists on the effective date of this permit. For purposes of this indemnification, the term “JEA” shall include its governing board, officers, employees, agents and assigns. This indemnification shall survive the term of this permit for incidents that occurred during the term of the permit.

Sign and return the attached Indemnification with this permit.

**Waiver of Subrogation:**

The waste hauler shall include a Waiver of Subrogation on all required insurance in favor of JEA, its board members, officers, employees, agents, successors, and assigns. The insurance certificate shall provide that no material alteration or cancellation, including expiration and non-renewal, shall be effective until 30 days after receipt of written notice by JEA. Such insurance shall be written by a company or companies licensed to do business in the State of Florida and satisfactory to JEA. The applicant shall provide JEA with certificates evidencing the maintenance of said insurance.

The Waiver of Subrogation must state the following: “A Waiver of Subrogation is included with this insurance in favor of JEA, its board members, officers, employees, agents, successors, and assigns.”

The Waiver of Subrogation is obtained through your insurance company.

- Insurance certificates evidencing the aforementioned requirements are attached.
- Aforementioned insurance not procured and maintained by applicant.

**3. TREATMENT AND DISPOSAL**

List **ALL** chemicals (including deodorizers) which are used to treat waste. (Use additional sheets if necessary.)

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**4. PERMITS AND DISPOSAL SITES**

**4.1** List all environmental permits that pertain to this facility. Attach a current copy of your State of Florida Department of Health Operating Permit (DH form 4013). Use additional sheets if necessary.

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**4.2** List all disposal sites that your facility uses to dispose of waste. (Use additional sheets if necessary.)

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**AUTHORIZED REPRESENTATIVE CERTIFICATION STATEMENT**

"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 submitting false information, including the possibility of fine and imprisonment for knowing violations."

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Name

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Title

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Signature

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Date

Attachments enclosed with Waste Hauler Permit Application for:

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Attachment	Yes	No
Waste Hauler Permit Application		
Application Instructions		
Signatory Requirements		
Indemnification Page		

Checked By: \_\_\_\_\_ Date: \_\_\_\_\_

**Indemnification:**

\_\_\_\_\_ shall hold harmless, indemnify,  
(Company Name)  
and defend JEA against any claim, action, loss, damage, injury, liability, cost and expense of whatsoever kind or nature (including, but not by way of limitation, attorney’s fees and court costs) arising out of injury (whether mental or corporeal) to persons, including death, or damage to property, arising out of or incidental to the negligent acts or omissions of Permittee, in the performance of the activities permitted herein. In the event of joint negligence on the part of JEA and waste hauler, any loss shall be apportioned in accordance with the provisions of the Uniform Contribution Among Tortfeasors Act (s. 768.31, F.S.), as that Act exists on the effective date of this permit. For purposes of this indemnification, the term “JEA” shall include its governing board, officers, employees, agents and assigns. This indemnification shall survive the term of this permit for incidents that occurred during the term of the permit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title





**Industrial Pretreatment  
Waste Hauler Insurance Requirements**

**Insurance Coverage** – Prior to discharging wastes at JEA’s WWF, each waste hauler shall procure and maintain at its sole expense insurance of the types and in the minimum amounts stated below:

<b>Schedule</b>	<b>Amount</b>
<u>Workers’ Compensation</u> For Florida Statutory coverage & Employer’s Liability (including appropriate Federal acts)	Statutory limits (Workers’ Compensation) \$100,000 each accident (Employer’s Liability)
<u>Commercial General Liability</u> Premises – Operations Products – Completed Operations Contractual Liability Independent Contractors Broad Form Property Damage Explosion, Collapse and Underground Hazards (XCU coverage) as appropriate	\$500,000 each occurrence \$1,000,000 annual aggregate for bodily injury & property damage, combined single limit
<u>Automobile Liability</u> All autos – owned, hired, or non-owned	\$500,000 each occurrence, combined single limit

**Waiver of Subrogation:**

The waste hauler shall include a Waiver of Subrogation on **all** required insurance (General Liability, Automobile Liability, and Workers Compensation) in favor of JEA, its board members, officers, employees, agents, successors, and assigns. The insurance certificate shall provide that no material alteration or cancellation, including expiration and non-renewal, shall be effective until 30 days after receipt of written notice by JEA. Such insurance shall be written by a company or companies licensed to do business in the State of Florida and satisfactory to JEA. The applicant shall provide JEA with certificates evidencing the maintenance of said insurance.

**The Waiver of Subrogation must state precisely, the following: “A Waiver of Subrogation is included with this insurance in favor of JEA, its board members, officers, employees, agents, successors, and assigns.”**

**Certificate Holder:**

Please list JEA as a Certificate Holder with the following information:

JEA  
21 W Church Street, T-8  
Jacksonville, FL 32202