

<p><b>PERMIT YEAR</b></p> <p>20 _____</p> <p>New _____</p> <p>Renewal _____</p>
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<p><b>OFFICE USE ONLY</b></p> <p>Business # _____</p> <p>License # _____</p> <p>Receipt # _____</p>
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**CITY OF PASADENA PUBLIC HEALTH DEPARTMENT**

P.O. Box 672  
 Pasadena, Texas 77501  
 713-475-5529

**LIQUID WASTE TRANSPORTER PERMIT APPLICATION**

PERMIT FEE \$200 PER COMPANY \$100 PER VEHICLE  
 LATE FEE \$25.00

**PERMIT FEE IS NON-TRANSFERABLE AND NON-REFUNDABLE**

This application is required in conjunction with any collection, transportation and/or disposal of hauled liquid waste within Harris County, Texas. No permit to operate in the City of Pasadena will be issued if the liquid waste transporter is not first permitted by and registered with the Texas Commission on Environmental Quality (TCEQ). Information regarding state permit and registration requirements can be found at the TCEQ web site.

Every section of the application must be completed and all required attachments submitted before it will be accepted for review by the City. This form may not be revised or modified from its original format. An inspection of each vehicle by the City of Pasadena Health Department and payment of applicable permit fees will be required in conjunction with the application.

All required items must be submitted together in order to expedite processing and review of the application. Payments made in person shall be paid at the City of Pasadena Health Department's office located at the address listed at the top of this form. Vehicle inspections will be conducted by appointment only.

***\*LIQUID WASTE MANIFESTS MUST BE TURNED IN TO THE CITY OF PASADENA EACH MONTH.\****

<p><b>Company Information</b></p> <p>Business Name: _____ Date: _____</p> <p>Business Address: _____</p> <p>Mailing Address: _____</p> <p>Phone #: _____ Fax #: _____</p> <p>24 Hour Emergency Phone #: _____ Email: _____</p>
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Identify an authorized representative and, if applicable, a duly authorized representative as the designated signatory authority of the facility. The authorized representative may be:

- (a) A general partner or proprietor, if the liquid waste transporter for this permit is a partnership or sole proprietorship, respectively.
- (b) A responsible corporate officer, if the liquid waster transporter for this permit is a corporation. For the purposes of this section, a responsible corporate officer means:
  - (1) A president, secretary, treasurer, or vice president of the corporation in charge of a principal function, or any other person who performs similar policy or decision-making functions for the corporation; or
  - (2) The manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned to the manager in accordance with corporate procedures.
- (c) By the director or highest official appointed or designated to oversee the operations of the facility, if the liquid waste transporter for this permit is a federal, state or local government entity or other institutional organization (i.e. churches, schools, non-profit agencies...etc).

<p><b>Authorized Representative</b></p> <p>Printed Name/Title: _____ Signature: _____</p> <p>Mailing Address: _____</p> <p>Phone #: _____ 24 Hour Emergency Phone #: _____</p>
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The duly authorized representative may be a person specified by the authorized representative identified above if the specified person holds a position with responsibility for the overall operation of the facility from which the industrial discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company.

<p><b>Duly Authorized Representative</b></p> <p>Printed Name/Title: _____ Signature: _____</p> <p>Mailing Address: _____</p> <p>Phone #: _____ 24 Hour Emergency Phone #: _____</p>
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**BUSINESS ACTIVITY**

- (1) Types of Wastes to be transported (check all that apply)  
 Food Service Grease Interceptor/Trap       Grit / Mud / Oil / Lint Interceptor/Trap
- (2) Indicate the number of vehicles to be permitted: \_\_\_\_\_
- (3) Annual Permit Fee - \$200.00 per company plus \$100.00 per vehicle

Fees must be made payable to the CITY OF PASADENA. Attach fee payment to application and submit to:

City of Pasadena Department of Health  
PO Box 672  
Pasadena, TX 77501

**SUPPORTING EXHIBITS**

- Certificate of Insurance:** Submit copies of the certificate of insurance for all vehicles to be permitted of which shall provide a minimum amount to be not less than one million dollars (\$1,000,000.00) for bodily injury or death of any one person, for bodily injury or death in any one account, for the damage to, or destruction of, property in any one accident. Coverage is to include the pollution liability endorsement with limits not less than one million dollars (\$1,000,000.00). Such coverage shall be endorsed to cover the upset, overturn, and remediation of the load in transport.
- Drivers:** Submit a list of all employed drivers and their corresponding driver's license numbers. Also, include a copy of the driver's license.
- State Registration:** Submit proof of State Transporter's Registration (TCEQ letter).
- Vehicle Identification:** Submit a list of vehicles to be permitted with their corresponding vehicle identification numbers (VIN) and license plate numbers.
- Spill Contingency Plan:** Submit a copy of the current Spill Contingency Plan as required by Texas Water Code Section 26.039 and Subchapter G and Title 30 Texas Administrative Code (TAC), Chapter 327. (A letter of requirements has been included)

**Authorized Representative Signature and Certification**

The following certification statement must be signed by an authorized representative or the duly authorized representative if previously identified as the designated signatory authority for the facility.

**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.**

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Texas Drivers License Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I certify that all information in this application is true. I understand that the permit issued is nontransferable, and that the permit remains the property of the City of Pasadena Health Department, and is subject to revocation if the company and/or vehicle fails to comply with applicable city ordinances or state laws.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

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Date received: \_\_\_\_\_ Approved: \_\_\_\_\_  
Amount received: \_\_\_\_\_ Disapproved: \_\_\_\_\_  
Permit number: \_\_\_\_\_ Date issued: \_\_\_\_\_

*\*The City of Pasadena, Texas does not discriminate on the basis of race, color, national origin, sex, religion, age or handicapped status in employment or the provision of services.\**

**\*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED\***



## Vehicle Identification List

Must provide all requested information for each vehicle inspected.

	<b>Vehicle Make &amp; Model</b>	<b>VIN Vehicle Identification Number</b>	<b>License Plate Number</b>	<b>TCEQ Sticker Number</b>	<b>Discharge Capacity (in gallons)</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					