



**City of Port St. Joe**  
**Wastewater Treatment Plant**  
**445 Industrial Road**  
**Port St. Joe, FL 32456**  
**850-229-6395**

## APPLICATION FOR LIQUID WASTE HAULER

### GENERAL INFORMATION

In order to expedite the application process, The City of Port St. Joe requires the following in order to fully review your application for approval.

1. A completed Application for Liquid Waste Hauler returned to Joe Harris at [jharris@psj.fl.gov](mailto:jharris@psj.fl.gov) mail to PO Box 278, Port St. Joe, FL 32457.
2. The FDEP inspection # of the vehicle. To obtain this number, a vehicle inspection must be completed by the State of Florida Department of Environmental Protection. This pertains to ALL in state and/or out of state vendors.
3. Tag /License Plate # for ALL vehicles that will be dumping.
4. Return Completed Form for Agreement to Abide by Liquid Waste Hauler Regulations to Joe Harris at [jharris@psj.fl.gov](mailto:jharris@psj.fl.gov) or mail to PO Box 278, Port St. Joe, FL 32457.
5. RATES:
  - Haulers based outside of Gulf County - \$100.00 per 1000 gallons truck capacity
  - Haulers owned and operated in Gulf County - \$55.00 per 1000 gallons truck capacity

You will be notified if your application is not complete. **Under no circumstances is any applicant allowed to operate within the city until an application has been approved.**

If you have questions, call Joe at 850-229-6395.

### Personal Information

Business Name:	Federal ID#:
Applicant's Name:	
Home Address:	Phone:
Driver's License#:	Expiration Date:

### Business Information

Location of Business:	Phone:
Mailing Address:	Fax:
Email Address:	

## References

Provide references from two companies that can verify the above applicant is qualified to operate a business as a liquid waste hauler. List the contact name along with their business name, phone number and mailing address.

1). Name:		Business Name:	
Address:	City:	State:	Zip:
2). Name:		Business Name:	
Address:	City:	State:	Zip:

## Vehicles to be Used

Make/Model:	Year:	Tag #:	FDEP#:	Tank Volume:
Make/Model:	Year:	Tag #:	FDEP#:	Tank Volume:
Make/Model:	Year:	Tag #:	FDEP#:	Tank Volume:
Make/Model:	Year:	Tag #:	FDEP#:	Tank Volume:

## Signature(s)

The above information will be reviewed by The City of Port St. Joe. The applicant will be notified within five (5) days of the application filing date as to the disposition of this application.

By checking this box, I confirm I am submitting this application and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.

Applicant Signature:	Date:
Applicant Signature:	Date:

# AGREEMENT TO ABIDE BY LIQUID WASTE HAULER REGULATIONS

**The City of Port St. Joe promulgates the following rules and regulations that must be met before the hauler is allowed to dump:**

**Rates:**

- Haulers based outside of Gulf County - \$100.00 per 1000 gallons truck capacity
- Haulers owned and operated in Gulf County - \$55.00 per 1000 gallons truck capacity

1. Haulers must have the hauler ticket completely filled out and be verified by a plant operator before dumping. (see attached form below)
2. Haulers must be escorted to dump site by an operator.
3. Truck tank capacity must be **plainly displayed on the truck**.
4. Only septic tank and portable toilet wastes will be accepted. **We will not accept grease trap wastes.**
5. Trucks will be allowed to dump during the hours of 7:00 AM until 3:00 PM (**Eastern**) M-F and 7-9am on Saturday and Sunday with no additional fee. A \$50.00/ truck fee will be assessed between 3PM-5PM weekdays. A \$150.00/truck fee will be assessed between 5PM-7AM Monday to Friday, after 9AM Saturday and all day on Sunday. All times are based on Eastern time.
6. After 5:00 PM, drivers must call the operator for access to the WWTP: **850-527-0451**. If no response, refer to the phone numbers posted on the Headworks gate.
7. The operator will stop the unloading process and reload any grease if grease is in excess.
8. Fees are based on the truck tank capacity not the actual amount in the tank. (see current rates)
9. A check made payable to the City of Port St. Joe for the appropriate amount must accompany every load or an account must be established with the City of PSJ prior to unloading.
10. We reserve the right to refuse a load for any of the above reasons and have done so. If we determine that a hauler has falsified any information or attempted to circumvent our policies, permission to dump at this facility will be rescinded.

Should there be any questions with regard to acceptance of a load, please call Joe Harris at (850) 229-6395 before you send the truck to the plant; otherwise, the truck may not be allowed to dump.

By checking this box, I confirm I am submitting this application and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.

Applicant Signature:

Date:

Applicant Signature:

Date:

**CITY OF PORT ST. JOE WWTP**  
**Liquid Waste Hauler Load Ticket**

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

Permit Number: \_\_\_\_\_ Truck License Number: \_\_\_\_\_

Date Pumped: \_\_\_\_\_ Time Pumped: \_\_\_\_\_ Gallons Pumped: \_\_\_\_\_

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

If Customer is a business, type of business: \_\_\_\_\_

Customer Phone Number: \_\_\_\_\_ Area Code (\_\_\_\_\_) # \_\_\_\_\_

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

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

Vessel Pumped was: Septic Tank [ ] Portable Toilets [ ] Other [ ]

*(Note: If other is checked; prior approval to dump must be gained before load is brought to WWTP.)*

**Customer Certification**

*As an authorized representative of the above-named customer, I certify under penalty of the law that the above information is true and correct to the best of my knowledge, and further certify that the material being dumped does not contain hazardous waste as defined by the Federal Resource Conservation and Recovery Act, and is generated from domestic discharges or from food service operations (No Grease Traps).*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Print** Name and Title \_\_\_\_\_

**Liquid Waste Hauler Certification**

*I certify under penalty of the law that the above information is true and correct to the best of my knowledge, and further certify the truck listed above contains the materials listed above in the Customer Certification and does not contain hazardous waste as defined by the Federal Resource Conservation and Recovery Act.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Print** Name and Title \_\_\_\_\_

*(Information below to be filled out by Treatment Plant Personnel only!)*

Truck Capacity \_\_\_\_\_ (Gallons) Local \_\_\_\_\_ Non-Local \_\_\_\_\_  
(\$55/1000 gals.) (\$100/1000 gals.)

Total Amount of Check \_\_\_\_\_ Check Number \_\_\_\_\_

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF PORT ST. JOE  
AUTOMATIC BANK DRAFT AUTHORIZATION**

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

Utility Account# \_\_\_\_\_

Service Address \_\_\_\_\_

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

**Financial Institution Information**

Bank: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**PLEASE VERIFY WITH YOUR FINANCIAL INSTITUTION FOR THE CORRECT ACCOUNT NUMBER TO  
BE USED FOR ACH TRANSACTIONS, AS IT MAY BE DIFFERENT FROM YOUR REGULAR CHECKING  
ACCOUNT OR MEMBER ACCOUNT NUMBER.**

I authorize the above named financial institution to charge my account the amount of any City of Port St. Joe utility bill and to make the deduction payable to the order of the City of Port St. Joe. In making this authorization I agree that each payment shall be the same as if it were an instrument personally signed by me. I understand that the draft date shall be at least 7 days after the billing date. This authority is to remain in effect until revoked by either of the undersigned in writing with a 30-day notice or until the referenced utility account is closed. I also understand that both the financial institution and the City of Port St. Joe reserve the right to terminate this payment plan, or my participation within, at any time.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

(as it appears on bank Acct)

\*\*\*\*\*ATTACH VOIDED CHECK OR DEPOSIT SLIP\*\*\*\*\*