

# Lehigh County Authority Wastewater Plant

## Authorization Request for the Discharge of a Special Waste Stream

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

Sample No. \_\_\_\_\_

### Waste Hauler Information:

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

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

Telephone: \_\_\_\_\_

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

Lehigh County Authority Waste Hauler Permit Identification: \_\_\_\_\_

### Liquid Waste Generator Information:

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

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

Telephone: \_\_\_\_\_

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

Lehigh County Authority Waste Hauler Permit Identification: \_\_\_\_\_

Nature of Business Activity: \_\_\_\_\_

SIC Code: \_\_\_\_\_ POTW NPDES Permit No.: \_\_\_\_\_

Description of Waste for Disposal: \_\_\_\_\_

(Include any test analysis available. Additional application information, test data, site inspection and/or permitting documentation may be required from the Hauler and/or the generator of the waste for review and approval of certain wastes.)

Frequency/Quantity of Waste to be disposed: \_\_\_\_\_

### Comments: