

**METROPOLITAN WATER RECLAMATION DISTRICT OF  
GREATER CHICAGO**

**CHEMICAL TOILET WASTES DISPOSAL PERMIT APPLICATION**

**SECTION A - GENERAL INFORMATION**

1. Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**SECTION B - VEHICLE IDENTIFICATION**

1. Under this Section, on page 2, identify each vehicle for which a District permit is requested.
  - a) Column 1: Provide vehicle model and year of manufacture.
  - b) Column 2: Provide the current license plate number.
  - c) Column 3: Provide the Vehicle Identification Number (VIN Number).
  - d) Column 4: Provide the company vehicle fleet number (if such a number is used and permanently displayed on the vehicle).
  - e) Column 5: Indicate the total volumetric capacity of the vehicle tank compartment in gallons.
  - f) Column 6: Each vehicle, for which a District permit is requested, must be in possession of a valid Cook County Department of Public Health (CCDPH) Permit For Septic Tank Cleaners/Septage Haulers. Provide the Permit Number and attach a copy of same to this application.

**SECTION B - VEHICLE IDENTIFICATION (CONTINUED)**

| <b>Vehicle Model / Year</b> | <b>License Plate Number</b> | <b>VIN Number</b> | <b>Tank Capacity (Gallons)</b> | <b>CCDPH Permit Number</b> |
|-----------------------------|-----------------------------|-------------------|--------------------------------|----------------------------|
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**SECTION C - EMPLOYEE LICENSE IDENTIFICATION**

1. Each company employee whose duties include the maintenance, evacuation, transport and disposal of chemical toilet wastes must be in possession of a valid Illinois Department of Public Health (IDPH) Private Sewage Disposal System Pumping Contractor License and/or an IDPH Portable Sanitation Certification. Identify each such licensed employee and attach a copy of each such license to this application.

| Employee Name | License Category | License Identification Number | License Expiration Date |
|---------------|------------------|-------------------------------|-------------------------|
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**SECTION D - COMPANY OPERATIONS AND PROCEDURES**

1. Describe geographical boundaries of service area: \_\_\_\_\_

2. Check one of the following:

Material Safety Data Sheets and formulations are attached for compounds added to wastes delivered to the District for disposal.

No compounds are added to wastes delivered to the District for disposal.

3. Describe interior tank wash maintenance procedures, for vehicles listed under Section B.

\_\_\_\_\_

\_\_\_\_\_

4. Describe disposal procedures for wastewaters generated by interior tank washing:

\_\_\_\_\_

\_\_\_\_\_

5. Describe and identify the location of all above and below ground holding tanks owned, operated, leased or used by your company.

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6. Does your company hold any special waste hauling permits or otherwise engage in the transport or disposal of industrial waste, special waste, hazardous waste or solvents?

YES  (Proceed to Question No. 7) NO  (Go to Question No. 9)

7. List all special waste, hazardous waste and/or industrial waste hauling permit(s) held by your company.

| Permit Description | Issuing Agency | Permit Number | Expiration Date |
|--------------------|----------------|---------------|-----------------|
|                    |                |               |                 |
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|                    |                |               |                 |
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8. Describe the type(s) of special waste, hazardous waste and/or industrial waste hauled by your company.

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9. Describe all other activities, services and operations performed by your company such as sewer rodding, grease trap cleaning, catch basin cleaning, residential septic tank service, etc.

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10. Describe disposal methods for all non-hazardous waste products handled by your company.

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11. List all state and local business permits and licenses held by your company.

| Permit/License Description | Issuing Agency | Permit/License Number | Expiration Date |
|----------------------------|----------------|-----------------------|-----------------|
|                            |                |                       |                 |
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12. Is your company planning any changes in operations or procedures in the next 12 months? If so, describe said changes.

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**SECTION E - PAYMENT**

*A nonrefundable administrative fee of \$500 for the review and processing of this permit application is required with the initial submittal of this application. Make checks payable to the Metropolitan Water Reclamation District of Greater Chicago (MWRDGC), or visit [mwrld.org/ctw-and-bio-p-coupon-payment](http://mwrld.org/ctw-and-bio-p-coupon-payment) to make a payment online. If you make an online payment, please add "CTW permit fee" in the Details box.*

**FOR DISTRICT USE ONLY**

Check one of the following:

Check

Online Payment

Amount Paid: \_\_\_\_\_

Check/Invoice Number: \_\_\_\_\_

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

User Number: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

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

**SECTION F - CERTIFICATION STATEMENT**

*The undersigned certifies that he presently has in force and shall keep in force during the life of this permit insurance policies in conformity with the Workman’s Compensation and Occupational Diseases Acts, as amended, public liability insurance in an amount not less than \$500,000 for injury to any one person and subject to the same limit for each person in an amount not less than \$1,000,000 on account of any one accident and property damage insurance in an amount not less than \$100,000.*

*The undersigned has examined and is familiar with the Chemical Toilet Wastes Disposal Ordinance of the Metropolitan Water Reclamation District of Greater Chicago adopted April 2, 1958 and amended September 5, 2024, which is made part of this application.*

*The undersigned has examined and is familiar with the information submitted in this application and certifies that said information is true, accurate and complete.*

*The undersigned understands that false, misleading or omitted information is a violation of the District’s Ordinance and may result in denial of future disposal permits or revocation of current disposal permits.*

*The undersigned agrees to immediately notify the District regarding any and all significant modifications or amendments to the information submitted herein.*

**Company Official:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

**Mail completed forms to:**  
Metropolitan Water Reclamation District  
Industrial Waste Division  
attn: Austin Emmer, Environmental Specialist  
6001 West Pershing Road  
Cicero, Illinois 60804-4112