

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: