



LEWISVILLE

Deep Roots. Broad Wings. Bright Future.

DEPARTMENT OF DEVELOPMENT SERVICES

151 W. Church Street, PO Box 299002, Lewisville, TX 75029-9002 Tel: 972-219-3480

**PERMIT APPLICATION FOR
INTERCEPTOR WASTE AND SEPTAGE TRANSPORTATION**

Date: _____

Identify Permitted Disposal Site/s to be Used & Contact Person, Address & Tel. #

Waste Permitted to Transport:
Grease Trap Septic Tank Grit/Sand Trap Chemical/Portable Toilet Wash Water Other Liquid Waste
Please specify: _____

Name of Business	Address/City/State/Zip
Owner	Address/City/State/Zip
Manager of Operations	Mgr. Driver's Lic. # / State
Emergency Tel #	E-mail Address
Parent Co. Name	Address/City/State/Zip
Texas Incorporation #	Tel. #

I hereby agree that if a permit is issued all provisions of the City Ordinances and State Laws will be complied with. Whether herein specified or not, I agree to comply with all restrictions. I am the owner of the above company or his duly authorized agent. Permission is hereby granted to make all inspections.

CONTACT PERSON (Please Print): _____ TEL. # _____

APPLICANTS SIGNATURE: _____ TEL. # _____

Below - For Office Use Only

\$200.00 per Truck

TOTAL AMOUNT DUE: _____

APPROVED BY: _____

APPROVAL DATE: _____

COMMENTS: _____

**PROVIDE THE FOLLOWING SPECIFIC INFORMATION
FOR EACH VEHICLE TO BE PERMITTED**

CO UNIT #	YEAR	MAKE	GALLON	LICENSE PLATE #	LVTX VEHICLE PERMIT #	INSPECTED APPROVED BY	AMOUNT PAID

List Approved Drivers and their License Numbers:

DRIVERS NAME	LICENSE, STATE & NUMBER

You must provide copies of the following documents:

- Proof of insurance of all vehicles to be permitted
- Operation Manager's driver's license
- TCEQ Sludge Transporter Registration

I, the undersigned, hereby make application to transport interceptor waste and/or septage in the City of Lewisville, Texas, and declare to accept and abide by all ordinances and regulations in the City of Lewisville, Texas. I understand that falsification of any information in the application shall be cause for termination of the Liquid Waste Transportation Permit, and that permit shall be renewed on an annual basis.

Signature of Owner/Manager

Date

Signature of Owner/Manager

Date

RETURN TO:
HEALTH SERVICES
151 W. MAIN STREET, P.O. BOX 299002
LEWISVILLE, TEXAS 75029-9002
TEL: (972) 219-3480