



Glenbard Wastewater Authority

21W551 Bemis Road Glen Ellyn, Illinois 60137
 Telephone: 630-790-1901 – Fax: 630-858-8119

| WASTE HAULER DISCHARGE APPLICATION | |
|------------------------------------|-------|
| Company Name: | _____ |
| Address: | _____ |
| Owners Name: | _____ |
| Contact Name: | _____ |
| Office Phone: | _____ |
| Title: | _____ |
| Cell Phone: | _____ |

| Type of Waste to be Permitted | | |
|---|------------------|-----------------------|
| For waste other than restaurant grease trap waste, please attach a copy of laboratory analysis representative of the wastestream. | | |
| Waste Type | Estimated Volume | Frequency of Disposal |
| Grease Trap Waste | | |
| Food Processing Waste | | |
| Other | | |

| Vehicle Information | | |
|---------------------|---------------------|---------------------|
| License Number | Capacity in Gallons | Vehicle Description |
| | | |
| | | |
| | | |
| | | |

| Authorized Drivers | |
|--------------------|-----------|
| Name: | License # |
| | |
| | |
| | |
| | |

[Type here]

Certificates of Insurance:

GWA requires the following insurance:

1. Comprehensive General Liability Insurance in the amount of One Million Dollars (\$1,000,000) covering personal injury, bodily injury and property damage including contractual liability insurance;
2. Comprehensive Automobile Liability Insurance in the amount of Two Hundred Fifty Thousand Dollars (\$250,000) covering personal injury, bodily injury and Five Hundred Thousand (\$500,000) Property damage.
3. Worker’s Compensation insurance in the minimum amounts required by statute.

A certificate or certificates of insurance naming THE AUTHORITY, the Village of Lombard and the Village of Glen Ellyn as additional insured parties. The certificate or certificates shall reflect the above coverage’s and shall be in effect at all times. Updated certificates of insurance shall be submitted annually to THE AUTHORITY.

Please attach a copy of the Company’s Comprehensive Vehicle Insurance and General Liability Insurance.

Name of Person Completing this Application: _____

Title: _____

Signature: _____

“I have personally examined and am familiar with the information submitted in this application and any attachments herein. I believe the submitted information is true, accurate, and complete. I am aware of Glenbard Wastewater Authority’s rules and regulations and that there are significant penalties for submitting false information.

Authorized Representative Signature: _____

Name: _____

Title: _____