



DeKalb Sanitary District

Wastewater Hauler Application

Company Name: _____

Company Address: _____

Billing Address: _____

Company Phone: _____ Company Fax: _____

Contact Name: _____

Contact Phone: _____ Contact Email: _____

Application to Discharge (Check all that apply):

Septage

Porta Potty

Fats/Oils/Grease
(FOG)

Other
(Contact DSD)

State of Illinois Department of Public Health Private Sewage Disposal System Pumping Contractor License (Attach a copy to this application)

License Number: _____ Expires: _____

DeKalb County Septic Pumper's license (Attach a copy to this application – Only required for DeKalb County Septage Hauling)

License Number: _____ Expires: _____

Certificate of Insurance – Provide proof of company's comprehensive Automobile and General Liability insurance policies.

Vehicle Information – Complete for each vehicle that will be used. (Capacity greater than 3000 gallons is not allowed unless otherwise approved)

Vehicle Make/Model/Color	License Plate Number	Capacity (Gallons)

Illinois Driver's License – Complete for each driver that will be using the above truck(s)

Driver's Name	License Number

MSDS Sheets – Provide for all chemicals used (Porta Pottys must provide).

AGREEMENT, WARRANTY, AND INDEMNIFICATION

This Agreement is made by and between the DeKalb Sanitary District (“the District”) and “Customer”.

I, _____, the Customer, as stated herein, hereby represents and warrants its waste contains no environmentally hazardous substances or heavy metals or other pollutants that could cause upset or interference with the District’s plant operations. In consideration of and return for the waste disposal service provided to me by the District, I hereby indemnify and hold the District harmless from any and all losses the District may incur by reason of accepting the waste containing environmentally hazardous substances and/or heavy metals or other pollutants that cause upset or interference with the operations of the plant. In addition, I shall defend, hold harmless, and indemnify the District, its officials, employees, and agents from and against any and all injuries, deaths, loss, damages, claims, patent claims, causes of action, suits, liabilities, judgments, costs, or setoffs brought against the District by any third parties or governmental agencies that may arise as a result of the District’s storage, testing, or treatment of my waste. I understand that this obligation to defend, indemnify and hold harmless further extends to all costs incurred including, without limitation, investigation costs, attorneys’ fees, judgments, court costs, and settlement expenses.

I HAVE READ THIS ENTIRE AGREEMENT, I FULLY UNDERSTAND IT, AND I AGREE TO BE LEGALLY BOUND BY IT.

CUSTOMER:

Signature: _____ Date: _____

Name: _____ Title: _____

Mail the completed application with copies of all of the requested documents to:

Mike Holland
DeKalb Sanitary District
P.O. Box 624
DeKalb, Illinois 60115

Or email to mholland@dekalbsd.com