



Central Valley Water
Reclamation
Facility

SEPTAGE WASTE HAULER SEMI ANNUAL
CERTIFICATION REPORT

1. Company Name _____
Address (*street*) _____
(*city, state, zip*) _____
Permit # _____ Expiration Date _____
If expiring in the next 6 months would you like to renew? Yes No
2. Has the company representative changed? Yes No
Company Representative _____
Phone # _____ Email _____
3. List **ALL** chemicals being used (*including deodorizers*):

4. Are you permitted by Salt Lake County Health Department? Yes No
Permit # _____
5. Have there been any changes to the number of dumps or what is being dumped?
 Yes No
Comment _____

Complete table on back side

Truck Number	Truck License	Capacity (gallons)

Add additional paper if necessary

If you have any questions, please contact CVWRF Pretreatment Department 801-973-9100

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations.

 Signature of Authorized Representative

 Date