



APPLICATION FOR WASTE HAULER DISCHARGE PERMIT

Company Name					
Parent Company Name <i>(if different)</i>					
Name of primary responsible person authorized to represent the company in official dealings with the Pretreatment Office <i>(Must be locally based)</i>			Name of a second person familiar with the day-to-day operations, environmental, permitting requirements, mandatory record keeping, and data management		
Title:			Title:		
Phone #	Fax#		Phone#	Fax#	
Email			Email		
Physical street address of the company			Official mailing address, if different <i>Note if same</i>		
City:	State:	Zip:	City:	State:	Zip:

Billing

Contact:		
Phone #:	Fax #:	Email:
Address:		
City:	State:	Zip:

- Brief description of business and services provided.

2. Do you have a current Salt Lake County Health Department Hauler Permit?
 Yes, **Attach Copy** No

3. Do you haul any other liquid waste besides sewage waste? Yes No
If yes, is the same truck used for all waste? Yes No
If yes, is the truck cleaned between loads? Yes No
Where? _____

4. What geographical areas do you service?

5. Does business activity vary significantly (+/- 20%) by season?
 No – Continuous through the year Yes – **Describe seasonal differences**

6. List the vehicle number, capacity, and license plate for each truck transporting and discharging waste at Central Valley Water Reclamation Facility.

Truck Number	Capacity (gallons)	License Plate #

7. List **ALL** chemicals (*including deodorizers*):

Attach SDS sheets

8. What is the expected average number of loads discharged per day? _____

9. What is the expected maximum number of loads discharged per day? _____

10. What is the expected average volume (in gallons) per load? _____

11. What is the expected maximum volume (in gallons) per load? _____

It is the waste hauler's responsibility to clean up any spill that occurs while discharging at Central Valley Water Reclamation Facility.

12. Check the type(s) of spill clean-up equipment available on each truck. (check all that apply):

- | | |
|-----------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Spill Mats/ Absorbent Pads | <input type="checkbox"/> Bucket |
| <input type="checkbox"/> Broom | <input type="checkbox"/> Hose |
| <input type="checkbox"/> Shovel | <input type="checkbox"/> Other _____ |

13. Has your company had a spill event(s) within the last five years?

- No
- Yes – **Attach information describing the event(s), including any regulatory action that resulted from the event and any remedial measures taken to prevent reoccurrence.**

This statement is to be signed by an authorized official of your company, as defined in the Federal Regulations; 40 CFR 403.12(1), after completing this form.

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.

Printed Name

Title

Signature

Date