

SOUTH VALLEY WATER RECLAMATION FACILITY
7495 South 1300 West, West Jordan, Utah 84084
Phone: (801) 495-5465 Fax: (801) 495-5447

COMMERCIAL DISCHARGE PERMIT RENEWAL APPLICATION

Fill-out this application completely, including signature, and submit it to South Valley Water Reclamation Pretreatment Department 60 days prior to permit expiration. Failure to respond within this time frame could result in interruption or termination of sanitary sewer service.

SECTION A – GENERAL INFORMATION

Business Site Address Information:

Business Site Name: _____
Business Site Address: _____
City: _____ State: _____ Zip: _____ Phone: (____) _____

Correspondence Address:

Business Name: (if different than site above) _____
Mailing address: Street or P.O. Box: _____
City: _____ State: _____ Zip: _____ Phone: (____) _____

Billing Information:

Business Name: (if different than name above) _____
Billing Address: Street or P.O. Box: _____
City: _____ State: _____ Zip: _____ Phone: (____) _____

List the name and mailing address of person who is the designated signatory authority for this business and can act and correspond on matters relating to this permit:

Signatory's Name: (print) _____ Title: _____
Mailing Address: Street or P.O. Box: _____
City: _____ State: _____ Zip: _____ Phone: (____) _____
Email: _____ Fax: (____) _____

List designated contact person (someone who is normally on-site at this business that SVWRF can contact for routine matters and inspections):

Contact Person Name (Print) : _____ Title: _____
Phone: (____) _____ Fax: (____) _____
Email: _____

Management firm or owner of building or real property that this business occupies:

Mailing Address: Street or P.O. Box: _____

Contact Person Name (Print) : _____ Title: _____

Phone: (____) _____ Fax: (____) _____

SECTION B – BUSINESS INFORMATION

Give a description of operations at this business including primary business functions, processes used and services provided: _____

Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?

[] Yes, attach explanation [] No

SECTION C – AUTHORIZED REPRESENTATIVE’S STATEMENT AND SIGNATURE

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 imprisonment for knowing violations.

Name (please print)

Title

(____) _____

Email

Fax

(____) _____

Signature

Date

Telephone

Submit this form to:

Pretreatment Coordinator
South Valley Water Reclamation Facility
7495 South 1300 West
West Jordan, UT 84084
Phone: (801) 495-5465 Fax: (801) 495-5447