



Central Valley Water  
Reclamation  
Facility

SEPTAGE WASTE HAULER SEMI ANNUAL  
CERTIFICATION REPORT

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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. Access card number refers to the first block of numbers on your access card. Example **00654** 11102054885-2 the card number will be the first group **00654**.



<b>Truck Number</b>	<b>Truck License</b>	<b>Capacity (gallons)</b>	<b>Access Card Number</b>

Add additional paper if necessary

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

**I certify that I am following the permit issued by Central Valley Water Rec. and that all hauled waste being disposed of at CVWRF is DOMESTIC WASTE ONLY. I am aware there are significant penalties for submitting false information, including possibility of fines and imprisonment.**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date