

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

COMMERCIAL WASTEWATER QUESTIONNAIRE

This questionnaire must be filled out completely, including signature, and returned within 10 days to South Valley Water Reclamation Facility (SVWRF) before final approval can be given on your Discharge Permit, Building Permit or Business License. Failure to do so could result in denial of permit.

As of January 1, 2011 SVWRF will be charging a Plan Review fee.
THIS FEE MUST BE PAID PRIOR TO THE START OF ANY PLAN REVIEW.

Fee Schedule information can be found at www.svwater.com

SECTION A - COMMUNICATION INFORMATION

Name of Business: _____
Name of Owner(s): _____
Business Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____ Fax: (____) _____
Email Address: _____

Facility Address: _____
City: _____ State: _____ Zip: _____
Facility Phone Number: (____) _____
Facility Manager (or person responsible for facility operations): _____

Person authorized to apply for permit and correspond on matters relating to permit (individual must be employed by the facility being constructed, not the contractor):

Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____ Fax: (____) _____
Email Address: _____

If business is to be located in a building that is to be constructed, list architect/contractor:

Architect: _____ Telephone: (____) _____
Email: _____ Fax: (____) _____
Contractor: _____ Telephone: (____) _____
Email: _____ Fax: (____) _____

New Construction

Attention architects/contractors/project owners! Please note that you must submit site utility, interior plumbing and mechanical drawings for new construction to SVWRF and also to the local sewer district for review prior to beginning construction!

Provide an in depth description of all services, process operations, etc. for this specific facility (attach additional information on a separate sheet):

Check Appropriate Box for Facility: Own Lease Other, Explain: _____

SECTION B - BUSINESS AND PROCESS INFORMATION

Do you or will you have at your facility any type of chemicals, other than household cleaners?

Present: Yes No Future: Yes No

If yes, list types and volumes of chemicals either used or produced by this facility: _____

Do you or will you generate wastes that are hauled away to locations other than a sanitary landfill (grease, solvent, oil, chemical wastes, etc.)?

Present: Yes No Future: Yes No

If yes, please list all hauled wastes: _____

Do you or will you have at your location a commercial or institutional kitchen (restaurant, coffee shop, cafeteria, etc.) or food preparation or processing?

Present: Yes No Future: Yes No

If yes, do you have a grease interceptor or sampling manhole installed at your facility? Indicate which one, specify size and type:

Grease Interceptor: _____ Size: _____
Sampling Manhole: _____ Other: _____

Do you now discharge or in the future plan to discharge into the sanitary sewer system any wastewater or materials other than usual volumes of residential bathroom, residential kitchen or residential laundry wastes?

Present: Yes No Future: Yes No

Do you now discharge or in the future plan to discharge into the storm drain sewer system any wastewater or materials other than rain or snow runoff?

Present: [] Yes [] No Future: [] Yes [] No

Estimated daily water usage: _____

SECTION C - AUTHORIZED REPRESENTATIVE'S STATEMENT AND SIGNATURE

I have personally examined and am familiar with the information submitted in this form. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the denial of permit, business license, and the possibility of fines and imprisonment.

Name (please print)	Date
_____	(____) _____
Email	Fax
_____	(____) _____
Signature	Telephone

If you meet the criteria, established by South Valley Water Reclamation Facility, you will be sent a Discharge Permit Application. A Discharge Permit may be required for your facility to discharge any wastewater into the sanitary sewer. **Failure to complete this questionnaire may be reason for loss of sewer service.**

If you have any questions or comments, please contact the SVWRF Pretreatment Department, at (801) 495-5465.

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