

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

**COMMERCIAL DISCHARGE PERMIT APPLICATION FORM**

Fill-out this application completely, including signature, and submit it to South Valley Water Reclamation Pretreatment Department prior to the business opening and/or within 10 days of receipt. Failure to respond within this time frame could result in interruption or termination of sanitary sewer service.

**SECTION A – GENERAL INFORMATION**

**Estimated Date of Opening:** \_\_\_\_\_

**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: (print) \_\_\_\_\_

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: \_\_\_\_\_ 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: \_\_\_\_\_ 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