South Valley Sewer District
PO Box 629, Riverton, Utah 84065
Telephone: (385) 202-2777 Fax: (385) 202-2776

WASTEWATER DISCHARGE PERMIT RENEWAL APPLICATION COMMERCIAL

Please complete this permit renewal application and submit it to South Valley Sewer District a minimum of 30 days prior to the expiration date of the existing permit. Failure to submit a completed application within the specified time frame may result in denial of sanitary sewer service.

SECTION A – GENERAL INFORMATION

Business Owner Name & Address:
Owner Name: _____
Owner Address: _____
City: _____ State:_____ Zip Code: _____ Telephone: _____

Business Name & Site Address:
Business Name (dba): _____
Business Site Address: _____
City: _____ State:_____ Zip Code: _____ Telephone: _____

Mailing Name & Address:
Business Name (if different than above): _____
Mailing Address (street address or PO Box): _____
City: _____ State:_____ Zip Code: _____ Telephone: _____

Billing Name & Address:
Business Name (if different than above): _____
Billing Address (street address or PO Box): _____
City: _____ State:_____ Zip Code: _____ Telephone: _____

Provide name and contact information for an AUTHORIZED REPRESENTATIVE for this business who has signatory authority and can act in matters related to the permit:
Name (print): _____ Title:_____
Telephone: _____
Email: _____

Provide the name and contact information for a SITE CONTACT PERSON (person typically onsite who SVSD staff may interact with regarding routine inspections, etc.):
Name (print): _____ Title: _____
Telephone: _____
Email: _____

Management firm or owner of the building or real property that this business occupies:
Contact Person Name: _____ Title: _____
Mailing Address (street address or PO Box): _____
Telephone: _____

SECTION B – BUSINESS INFORMATION

Provide a description of the operations at this business including primary business functions, products manufactured, processes used, and/or services provided: _____
_____
_____
_____
_____
_____

Indicate if any process changes or expansions are planned in the next three years that could alter wastewater volumes and/or characteristics?

[ ] YES (attach explanation) [ ] NO

SECTION C – AUTHORIZED PRESENTATIVE'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

_____ (_____)_____
Signature Telephone

_____ _____
Email Address Date

MAIL, EMAIL, OR FAX COMPLETED APPLICATION TO:

Pretreatment Coordinator
South Valley Sewer District
PO Box 629
Riverton, UT 84065
Email: pretreatment@svsewer.com
Fax: (385) 202-2776