



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**

