

# CEDAR CITY REGIONAL WASTEWATER TREATMENT FACILITY CCRWTF

2021

## APPLICATION TO DISCHARGE NON-HAZARDOUS DOMESTIC WASTEWATER

***INSTRUCTIONS:***

• *It shall be the responsibility of each Waste Hauler who desire to discharge collected wastewater at the Cedar City Regional Wastewater Treatment Facility, (CCRWTF) to complete, sign and submit to the CCRWTF (original signature) this Waste-Hauler Application for Dumping, (WHAD) document within thirty (30) days upon receipt.*

- *Attach additional page(s) if more space is required.*
- *Please indicate N/A if no answer given for respective question(s).*
- *Submit the signed form to the address below within thirty, (30) days of receipt.*

***Attn: Pretreatment Program:***  
*Cedar City Corporation*  
*10 North Main St. Cedar City Utah 84720*

### **SECTION 1 – BUSINESS INFORMATION:**

<b>1.0</b>	<b>BUSINESS INFORMATION:</b>		
	<b>Business Name:</b>		
	<b>Business Owner Name:</b>		
	<b>Business Mailing Address:</b>		
	<b>City:</b>		
	<b>State:</b>	<b>Zip:</b>	
<b>1.1</b>			
	<b>Business Physical Address:</b>		
	<b>City:</b>		
	<b>State:</b>	<b>Zip:</b>	
<b>1.2</b>			
	<b>Business Phone Number:</b>		
	<b>Business Fax Number:</b>		
	<b>Cell Phone Number:</b>		
	<b>Company Email:</b>		

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<b>1.3</b>	<b>BUSINESS INFORMATION</b>
List Any Other Businesses That This Owner/Business is Affiliated with That Provides Cleaning or Disposal Services of Industrial, Commercial and/or Domestic Wastewater Sources:	
A.	
B.	
C.	
D.	

### SECTION 2 – VEHICLE INFORMATION:

<b>2.0</b>	<b>VEHICLE INFORMATION:</b>				
Make and Model:					
License No.:					
Insurance Carrier & Policy Number: (Attach if needed)					
Health Dept. Permit Number and Renewal Date: (Attach if Needed)					
Vehicle Is Used to Pump? (Circle One or More)	Domestic Wastewater	Commercial Wastewater	Industrial Wastewater	Portable Toilet Wastewater	Hazardous Wastewater
If Other Explain:					

<b>2.1</b>	<b>VEHICLE INFORMATION:</b>				
Make and Model:					
License No.:					
Insurance Carrier & Policy Number (Attach if Needed)					
Health Dept. Permit Number and Renewal Date: (Attach if Needed)					
Vehicle Is Used to Pump? (Circle One or More)	Domestic Wastewater	Commercial Wastewater	Industrial Wastewater	Portable Toilet Wastewater	Hazardous Wastewater
If Other Explain:					

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<b>2.2 VEHICLE INFORMATION:</b>					
<b>Make and Model:</b>					
<b>License No.:</b>					
<b>Insurance Carrier &amp; Policy Number (Attach if Needed)</b>					
<b>Health Dept. Permit Number and Renewal Date: (Attach if Needed)</b>					
<b>Vehicle Is Used to Pump? (Circle One or More)</b>	Domestic Wastewater	Commercial Wastewater	Industrial Wastewater	Portable Toilet Wastewater	Hazardous Wastewater
<b>If Other Explain:</b>					

### SECTION 3 – PRETREATMENT INFORMATION:

- **For Questions 3.0 Through 3.7 Please Circle (Yes) or (No):**

<b>3.0</b>		
	<b>Does Your Business Pump, Transport and Dispose of Any Commercial and/or Industrial Septic Tank Wastewater?</b>	<b>Yes</b>
		<b>No</b>

<b>3.1</b>		
	<b>Does Your Business Pump, Transport and Dispose of Any Domestic, (Septic Tank) Wastewater?</b>	<b>Yes</b>
		<b>No</b>

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**3.2**

Does Your Business Pump, Transport and Dispose of Any *'Industrial'* In-Ground Sand/Oil and/or Grease Interceptor, (IGSOGI) Wastewater?

Yes

No

**3.3**

Does Your Business Pump, Transport and Dispose of Any *'Commercial'* Food Service Establishment, (FSE) In-Ground Sand/Oil and/or Grease Interceptor, (IGSOGI) Wastewater?

Yes

No

**3.4**

Does Your Business Pump, Transport and Dispose of Any *'Commercial'* Food Service Establishment, (FSE) Grease Trap, (GT) Wastewater?

Yes

No

**3.5**

Does Your Business Pump, Transport and Dispose of Any *'Commercial'* In-Ground Sand/Oil Interceptor, (IGSOI) Wastewater?

Yes

No

**3.6**

Does Your Business Pump, Transport and Dispose of Any *'Industrial'* In-Ground Sand/Oil Interceptor Wastewater?

Yes

No

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**3.7**

**Does Your Business Pump, Transport and Dispose of Any *'Industrial'* In-Ground Sand/Oil Separator, (IGSOS) Wastewater?**

**Yes**

**No**

**SECTION 4 – WASTEWATER MATERIAL DESCRIPTION AND  
DISPOSAL DESIGNATION:**

**4.0 WASTEWATER MATERIAL DESCRIPTION AND DISPOSAL DESIGNATION:**

**CEDAR CITY REGIONAL WASTEWATER**

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**5.0 STATIONARY FACILITY INFORMATION:**

**SECTION 5 – WASTE MATERIAL DISCRPTION AND DISPOSAL  
DESIGNATION:**

**For Vehicles Listed Under Section-2.0 that Pump Liquid Wastes Other Than Domestic and Portable Toilets What Waste Material(s) are Pumped by These Vehicles and Where are Waste Materials Disposed of?**

Waste Disposal Location #1	
Waste Material Description:	
Vehicle License Number:	

**5.1**

Waste Disposal Location #2	
Waste Material Description:	
Vehicle License Number:	

**5.2**

Waste Disposal Location #3	
Waste Material Description:	
Vehicle License Number:	

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**5.3**

**STATIONARY FACILITY INFORMATION:**

<b>If Pumping Portable Toilets, What Chemicals are Used in Your Portable Toilets?</b>	
(Please Provide Copies of All Safety Data Sheet, (SDS) for the Chemical(s) Used).	
<b>Chemical Description:</b>	
<b>Chemical Description</b>	
<b>Chemical Description</b>	
<b>Chemical Description</b>	

***SECTION 6 – FACILITY & RECORD RETENSION INFORMATION:***

<b>6.0</b>	<b>FACILITY RECORD RETENSION INFORMATION:</b>
<b>Does Your Business Maintain Records for Each Liquid Waste Pumped?</b>	<b>Yes</b>
(If (YES) Please Indicate Via Check-Mark 'X' Record Type(s) Implemented Within Below (Table-1)).	<b>No</b>

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**Table-1**

<b>Date:</b>		<b>Customer</b>		<b>Type of Waste:</b>		<b>Customer</b>	
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		<b>Name:</b>				<b>Phone Number:</b>	
<b>Time:</b>		<b>Customer Address:</b>		<b>Waste Disposal Destination:</b>		<b>Manifests:</b>	

**6.1**

<b>Does your company hold ongoing contracts, written or verbal with car washes, Food Service Establishments, automotive repair garages, etc., for pumping or disposal of waste other than septic tanks or grease traps?</b>	<b>Yes</b>
	<b>No</b>

**\*Pertaining to any and all Sections of this application please use additional sheets if necessary.**

**CERTIFICATION:**

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 omitting information or submitting false information including the possibility of fine and imprisonment for knowing violations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

Approved: _____ Date: _____ CCRWTF Plant Manager/Senior Operator/Pretreatment Coordinator
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- \* Application must be completed in its entirety.
- \* Application must be approved by the CCRWTF before dumping.