

SAN JOSE / SANTA CLARA Y ~~CEYÖÜÁJUŠŠWQIPÁŌUPVÜUŠÁÚŠCEV~~
Receiving Station Use Permit Application
www.sanjoseca.gov/septichaulers

For City of San José Use Only	Inspector _____
COMPANY NAME: _____	CITY: _____
Date received: _____	Amount Paid: \$ _____ Receipt # _____ Permit #: _____

As required by Title 9, Chapter 9.08 Part 9 of the San José Municipal Code, application is made for a Receiving Station Use Permit to discharge portable toilet wastewater and septic tank cleanings in Receiving Station facilities at the San Jose/Santa Clara Water Pollution Control Plant.

Grease waste and hazardous wastes are not allowed under this permit. This permit is subject to compliance with all applicable provisions Chapter 15.14 of the Municipal Code of the City of San José.

The permit issued hereunder is personal to the applicant to whom it is issued and is not subject to transfer or assignment.

CERTIFICATION STATEMENT

Municipal Code requires that permit applications, and any other reports required by the Director shall be **signed by an Executive Officer of the business filing the application**. Such Executive Officer shall be at least of the level of Vice President, General Partner, President, or an individual responsible for the overall operation of the facility applying for the Permit or meet the Federal requirements for NPDES applications as contained in Title 40 of the Code of Federal Regulations.

It is understood by me that all requirements of Chapter 9.08 Part 9 of the San José Municipal Code have been met and complied with as provided therein.

"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 or imprisonment for knowing violations."

CERTIFIED BY:

Name (please print)	Email	Title
Signature	Date	Phone

PREPARED BY:

Name (please print)	Email	Title
Signature	Date	Phone

COMPANY INFORMATION

Company Name: _____ Website: _____
Doing Business As (dba) (if different from above): _____
Business Address: _____ ZIP: _____
Mailing Address: _____ ZIP: _____
Telephone (Main): _____ Fax Number: _____

REQUIREMENTS

- 1. Faithful Performance Bond or Cash Deposit Receipt for \$2,500: **Already on file** **Attached**
 (If submitting a cash deposit please contact the Environmental Engineering Section in ESD)
- 2. Valid Proof of Insurance: Attached
- 3. Copy of Current Santa Clara County Health Permit: Attached
- 4. Business Tax Account ID: _____ Expiration Date: _____
- 5. List of drivers on company letterhead, to be allowed access to the receiving station. Include a copy of the Drivers License of any new drivers: Attached

COMPLETE, PRINT, AND SUBMIT THIS APPLICATION TO THE CITY OF SAN JOSE AT THE ADDRESS BELOW:

Environmental Engineering Section
Environmental Services Department, Watershed Protection Division
200 East Santa Clara Street, Seventh Floor
San José, CA 95113

Call (408) 945-3000 for questions about completing the application.

For City of San José Use Only		
1. Faithful Performance Bond in the amount of \$2,500.00 is on file with the City of San José Environmental Services Department, Watershed Protection Division: Company Name of Insurer: _____ Bond No. _____ Bond Date: _____ ESD Bond Approval _____ Date: _____		
Or Cash Deposit of \$2,500.00: Cash Receipt Number _____ Date: _____		
2. Required Insurance: Commercial General Liability (1) Insuring Applicant for public liability and property damage (2) Insuring City of San José and City of Santa Clara as an "Additional Insured". Limits: Commercial General Liability - \$1,000,000 per occurrence for bodily injury, personal injury and property damage. Automobile Liability - \$1,000,000 combined single limit per accident for bodily injury and property damage. Workers' Compensation and Employers Liability - Workers' Compensation limits as required by the Labor Code of the State of California and Employers Liability limits of \$1,000,000 per accident. Pollution Liability: \$1,000,000 each occurrence/aggregate limit.		
_____	_____	_____
Name of Insurer	Policy Number	Expiration Date
Risk Management Insurance Approval: _____ Date: _____		
3. Copy of current Santa Clara County Health Department Permit to dispose of cleanings: Permit # _____ Expiration Date: _____		
4. Business Tax Account Number: _____ Expiration Date: _____		