

# Septic Hauler Permit Questionnaire

WATER QUALITY CONTROL DIVISION  
WASTEWATER DISCHARGE PERMIT INFORMATION

➤ **Date** \_\_\_\_\_

➤ **General Information**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Facility Manager or  
Contact Person: \_\_\_\_\_

Telephone Number: (      ) \_\_\_\_\_ Fax: (      ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

➤ **Operational Information**

City of Merced Business License #: \_\_\_\_\_ *(include Copy)*

Merced County Department of Environmental Health Permit #: \_\_\_\_\_ *(Include Copy)*

Certificate of Liability Insurance Policy #: \_\_\_\_\_ *(Include Copy)*

Merced County Business Operators Vehicle Self-Certification Form: \_\_\_\_\_ *(Include Copy with Sticker)*

➤ **Vehicle Information**

	YEAR	MAKE	CAPACITY	LICENSE NO.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

The information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

➤ **Return form to:**

City of Merced  
Water Quality Control Division  
10260 Gove Road  
Merced, CA 95341

Phone: (209) 385-6204  
www.cityofmerced.org  
Fax: (209) 388-8751