

Septic Hauler Permit Questionnaire

WATER QUALITY CONTROL DIVISION
WASTEWATER DISCHARGE PERMIT INFORMATION

➤ 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)*

➤ Vehicle Information : *If more than 4 vehicles, continue on back of form*

	YEAR	MAKE	CAPACITY	LICENSE NO.	WASTE: Circle One C=Chemical H=Household	
1.	_____	_____	_____	_____	C	H
2.	_____	_____	_____	_____	C	H
3.	_____	_____	_____	_____	C	H
4.	_____	_____	_____	_____	C	H

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

Signature

Date

➤ Hand Deliver to:

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

Mail To:

City of Merced
Water Quality Control Division
1776 Grogan Ave
Merced, CA 95341