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RECEIVING STATION USE PERMIT

As required by Title 9, Chapter 9.08 Part 9 of the San Jose Municipal Code, application is made for a Receiving Station Use Permit to discharge septic tank cleanings in Receiving Station facilities at the San Jose/Santa Clara Water Pollution Control Plant Receiving Station.*
The permit issued hereunder is personal to the applicant to whom it is issued and is not subject to transfer or assignment.

***Grease waste and hazardous wastes are not allowed under this permit.**
This permit is subject to compliance with all applicable provisions of Part 2, Chapter 15.12 of the Municipal Code of the City of San Jose.

_____ _____
Applicant (Company or Individual) Address of Applicant

_____ _____
Person Filing this Application Address

_____ _____
Name of Parent Company (if any) Address of Parent Company

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

_____ _____
Date of Application Signature and Title of Applicant

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1. Faithful Performance Bond in the amount of $1,000.00 is on file with the Treasury Division, Finance Department, City of San Jose:
   Company Name of Insurer:_____
   Bond No._____ Bond Date:_____
   City Clerk Bond Approval_____Date_____
   Or Cash Deposit of $1,000.00:
   Cash Receipt Number_____ Date_____

2. Required Insurance: Commercial General Liability (1) Insuring Applicant for public liability and property damage (2) Insuring City of San Jose 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.
   (1)_____ _____ _____
   Name of Insurer Policy Number Expiration Date

   Insurance Approval_____Date_____

3. Copy of current health permit from Santa Clara County Health Dept to dispose of cleanings:
   Permit #_____ Verified by _____

4. Business Tax Account Number_____Expiration Date_____

All requirements of Ordinance 17785 having been met, the application for the above named company is approved and a Regulatory Permit with a one year expiration date has been issued.

_____ _____
Date Senior Investigator/Collector