

Application for Septage Hauler Permit

Business Information:

Business Name: _____ Email: _____

Business Address: _____ City: _____ ST: _____ ZIP: _____

Mailing Address: _____ City: _____ ST: _____ ZIP: _____

Business Phone: _____ After Hrs. Emergency Phone: _____

Owner Information:

Owner's Name: _____ Date you took or will take ownership: _____

Owner's Address: _____ City: _____ ST: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Driver's License #: _____ ST: _____ E-Mail: _____

Operational Information:

Location where liquid waste will be disposed:

Location 1:

Facility Name (POTW): _____ Facility Address: _____

Location 2:

Facility Name (POTW): _____ Facility Address: _____

Describe the type of service to be provided by your business:

Vehicle Information: (Please complete for each vehicle)

The septage hauler vehicle will operate: ☐ Continuously ☐ Seasonally Tank Capacity _____

If seasonally, when? _____ VIN#: _____

Year: _____ Color: _____ Make: _____ Model: _____ Veh Lic #: _____

Location where vehicle is parked overnight: _____

Vehicle No. 2:

The septage hauler vehicle will operate: ☐ Continuously ☐ Seasonally Tank Capacity _____

If seasonally, when? _____ VIN#: _____

Year: _____ Color: _____ Make: _____ Model: _____ Veh Lic #: _____

Location where vehicle is parked overnight: _____

Vehicle No. 3:

The septage hauler vehicle will operate: ☐ Continuously ☐ Seasonally Tank Capacity _____

If seasonally, when? _____ VIN#: _____

Year: _____ Color: _____ Make: _____ Model: _____ Veh Lic #: _____

Location where vehicle is parked overnight: _____

Office Use Only

Date: _____	Cash: _____	Credit: _____
Check: _____	FA #: _____	Rcvd by: _____

Vehicle Information Continued:**Vehicle No. 4:**The septage hauler vehicle will operate: ☐ Continuously ☐ Seasonally Tank Capacity _____

If seasonally, when? _____ VIN#: _____

Year: _____ Color: _____ Make: _____ Model: _____ Veh Lic #: _____

Location where vehicle is parked overnight: _____

Vehicle No. 5:The septage hauler vehicle will operate: ☐ Continuously ☐ Seasonally Tank Capacity _____

If seasonally, when? _____ VIN#: _____

Year: _____ Color: _____ Make: _____ Model: _____ Veh Lic #: _____

Location where vehicle is parked overnight: _____

BILLING AND COMPLIANCE ACKNOWLEDGEMENT

INITIAL	I, the undersigned owner, operator or agent, acknowledge that all fees associated with this facility or activity will be billed to the party identified as the OWNER/OPERATOR on this form. I further understand that the annual Health Permit is non-transferable to a different owner/operator and upon change of ownership, or the closure of a business, I will notify this Department in writing within 10 business days before the change occurs. I acknowledge that failure to pay annual Health Permit fees constitutes operating without a valid permit and the owner/operator is subject to facility closure and/or penalties.
INITIAL	I hereby certify, under penalty of perjury, that the information supplied on this application is true and correct. The permit issued subsequent to this application shall become VOID AND THE FEE FORFEITED upon falsification of any portion of this application. I further certify that should a permit be granted, I shall observe the laws, ordinances, and regulations that are now or may here-in-after be in force by the United States Government, State of California, and/or County of Imperial pertaining to the above named business. I hereby consent to all inspections pertaining to the issuance of this permit and the operation of this business.

Applicant's Name & Title: _____

Please Print

Applicant's Signature: _____ Date: _____

ENVIRONMENTAL HEALTH USE ONLY

Permit No. _____

Approved By: _____ Date: _____

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