

### 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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