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ACCT. #	
HSP #	

### Application For a Permit to Pump Sewage Tanks

**Instructions:** Fee: \$100.00/per vehicle Code 53.30 Reinstatement \$150.00 Code 53.43

- This is an application for a permit to operate a septic/sewer pumping business. A separate permit is issued for each vehicle involved in the pumping of sewage. A permit is required to pump septic tanks, chemical toilets, grease traps, and any other tank contain sewage or waste water. **PLEASE NOTE THIS IS NOT A PERMIT.**
- A plan of operation must be submitted with this application detailing pumping procedures, spill prevention and clean up, disposal procedures and supplies for each vehicle.
- Each firm must identify an approved disposal site and provide documentation of an agreement with the facility to accept waste from your firm.
- Fees: Fees will be charged in accordance with the current fee schedule, and must be submitted with the application. **FEES PAID ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**
- This application and any subsequent approval are subject to all other applicable laws. It is the applicant's responsibility to comply with said laws.

#### SECTION 1: INFORMATION FROM APPLICANT ABOUT THE COMPANY

<b>Name of Business</b>		<b>Date of Application</b>	
<b>Business Address</b>		<b>City</b>	<b>Zip Code</b>
<b>Business e-mail</b>		<b>Business Phone</b>	<b>Emergency Phone</b>
<b>Manager Name</b>		Type of application: <input type="checkbox"/> New Firm <input type="checkbox"/> Additional vehicle <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement	

#### SECTION 2: APPLICANT INFORMATION

Only the legal owner of the business may be considered the applicant

<b>Applicant Name</b>		<b>Daytime Phone</b>
<b>Current Mailing Address</b>		<b>City</b>
		<b>Zip Code</b>
<b>e-mail address</b>		<b>Home Phone</b>
		<b>Cell Phone</b>

#### SECTION 3: APPLICATION CHECKLIST

<input type="checkbox"/> Operations Plan (attach) <input type="checkbox"/> List of emergency supplies <input type="checkbox"/> Pumping procedure <input type="checkbox"/> Disposal procedure <input type="checkbox"/> Emergency/spill plan <input type="checkbox"/> Employee health and safety	<input type="checkbox"/> Disposal Site Location <input type="checkbox"/> Written agreement (attach) <input type="checkbox"/> Contact information <input type="checkbox"/> Copy of disposal site permit <input type="checkbox"/> Date of agreement _____ <input type="checkbox"/> Number Vehicles Listed _____	<input type="checkbox"/> Vehicle lettering complies with BFHD rules <input type="checkbox"/> Supply list for vehicles <input type="checkbox"/> Vehicle license numbers listed <input type="checkbox"/> Vehicle make and model <input type="checkbox"/> Vehicle pumping capacity listed <input type="checkbox"/> Type of pumping mechanism used
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#### SECTION 4: APPLICATION

Facilities to be Pumped  Septic Tanks  Pump Chambers  Grease Traps  Portable Toilets  Holding Tanks

Disposal Site:	Site Contact:	Site Phone:
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#### SECTION 5: VEHICLES

Vehicle No. 1	Make:	Model and Year:
Vehicle License and State of Registration:		Type of Pump(s):
Sewage Capacity:	gallons	Fresh Water Capacity: <span style="float: right;">gallons</span>
Vehicle No. 2	Make:	Model and Year:
Vehicle License and State of Registration:		Type of Pump(s):
Sewage Capacity:	gallons	Fresh Water Capacity: <span style="float: right;">gallons</span>
Vehicle No. 3	Make:	Model and Year:
Vehicle License and State of Registration:		Type of Pump(s):
Sewage Capacity:	gallons	Fresh Water Capacity: <span style="float: right;">gallons</span>

Vehicle No. 4	Make:	Model and Year:	
Vehicle License and State of Registration:		Type of Pump(s):	
Sewage Capacity:	gallons	Fresh Water Capacity:	gallons
Vehicle No. 5	Make:	Model and Year:	
Vehicle License and State of Registration:		Type of Pump(s):	
Sewage Capacity:	gallons	Fresh Water Capacity:	gallons
Vehicle No. 6	Make:	Model and Year:	
Vehicle License and State of Registration:		Type of Pump(s):	
Sewage Capacity:	gallons	Fresh Water Capacity:	gallons
Vehicle No. 7	Make:	Model and Year:	
Vehicle License and State of Registration:		Type of Pump(s):	
Sewage Capacity:	gallons	Fresh Water Capacity:	gallons
<b>SECTION 6: SIGNATURES</b>			
I certify, by signature, that I am either the legal owner or legally authorized to sign for this business. I further certify that I grant permission to allow the Health Officer and/or his representative(s) to enter/inspect said facilities and equipment at their discretion for the purposes of application evaluation, operation inspections, or any subsequent inspections			
Signature of Applicant		Printed Name/Date	

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Type of application: <input type="checkbox"/> New Firm <input type="checkbox"/> Additional vehicle <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement	
Permit Number(s):	Date of expiration: