



_____ County
**Application for a Waste Removal
and Disposal Permit**

Application Date:

Company Name:

Company DPH Cert # :

Owner/Agent Name

Owner/Agent Email

Company Street Address:

Company City, State, Zip:

Primary Phone:

Alternate Phone:

Fax:

List Employee Names and DPH Certification Number(s) Performing Pumping:

Mark All Applicable Selections:

Business Type: Septage Pumper

Portable Sanitation Pumper

Onsite Storage: Yes No

Final Disposal Facility Type: Land Application Facility

Wastewater Treatment Facility

Wastewater Handling Facility

Disposal Facility or Land Application Site Name:

Describe business plan for pumping, storing, transferring and disposing:

Applicant Signature:

Below section to be completed by County Environmental Health Department:

Onsite Storage Inspected & Approved YES NO

Manifest(s) Submitted and Approved: YES NO

Truck Inspection(s) Approved: YES NO

Disposal Facility Letter of Acceptance: YES NO

Application Approved: YES NO

Remarks: _____

Issuing Inspector:

Inspector Signature:

Permit Number:

Permit Issue Date:

Permit Expiration Date: