## **Application for Sewage Handling Permit**

Department of Health		Health Department Identification Number						
	Health Department							
Name of Business:	Own	er's Name:						
Business Address:	Own	Owners Address:						
Business Telephone:	E	Email:						
area(s) to be served:								
Vehicle Make	Model #	State	VIN	N#	Vehicle Tank Siz			
2								
4								
5								
Tame and location of Facility Re	eceiving septage for tre	atment and/or	disposal:					
Discharging Septage to an Apputhorizing Discharge in accord	proved Sewage Treatmance with Section 2.26	ent or Disposa .04 of the Sew	l Facility Ap					
F Discharging Septage to an Appauthorizing Discharge in accord	proved Sewage Treatmance with Section 2.26	ent or Disposa .04 of the Sew	l Facility Ap	g and Disposal Reg				
Discharging Septage to an Appartment Discharge in accordes stimated daily or monthly voluments.	proved Sewage Treatmance with Section 2.26	ent or Disposa .04 of the Sew	ıl Facility Ap rage Handlinş	g and Disposal Reg				
Date  A. Approved Sewerage Sy  1. Statement 2. DWP cont 3. Conference	proved Sewage Treatment ance with Section 2.26 me of septage  Department Work from owner authorizing firmation of facility's a me Scheduled  Y	ent or Disposa .04 of the Sew ent Use	Owners S  Yes Yes t volume of p	g and Disposal Reg allons  Signature  No No Proposed septage ate:	Yes No			
Discharging Septage to an Apputhorizing Discharge in according stimated daily or monthly volume.  Date  A. Approved Sewerage Sy 1. Statement 2. DWP continuations. 3. Conference.	proved Sewage Treatment ance with Section 2.26 me of septage  Department Work from owner authorizing firmation of facility's a see Scheduled Yet Inspected: Y	ent or Disposa .04 of the Sew ent Use :ks g use bility to accep	Owners S  Yes Yes t volume of p	g and Disposal Reg allons  ignature  No No oroposed septage	Yes No			

c) Regional Director, Division of Water Programs Notified: Yes N		2.	Conference Schedul a) Date:				Yes	No
d) State Water Control Board Notified:  3. Comments from Conference:  4. Land Application Site Approved by State Water Control Board Yes No  Date Certificate Issued: Certificate Number:  5. Type III Facility Approved: Yes No  Construction Permit Issued: Permit Number:  Operation Permit Issued: Permit Number:  6. Equipment Inspected: Yes No Date:  C. Equipment Inspection:  Tank Pump Valves Hoses  micle Water Tight Secured Water Tight Capped Water Stored Comment  D. Permit Recommended: Yes No Date  D. Permit Recommended: Yes No Date  E. Permit Authorized: Yes No Date			b) District Envir	Yes	No			
3. Comments from Conference:			c) Regional Dire	Yes	No			
4. Land Application Site Approved by State Water Control Board Yes No  Date Certificate Issued: Certificate Number:  5. Type III Facility Approved: Yes No  Construction Permit Issued: Permit Number:  Operation Permit Issued: Permit Number:  6. Equipment Inspected: Yes No Date:  C. Equipment Inspection:  Tank Pump Valves Hoses  icle Water Tight Secured Water Tight Capped Water Stored Comment  D. Permit Recommended: Yes No Date  Environmental Health Specialist Date  Date  Date  Date  Date  Date  Tonic Certificate Number:			d) State Water (	Yes	No			
Date Certificate Issued: Certificate Number:  5. Type III Facility Approved: Yes No  Construction Permit Issued: Permit Number:  Operation Permit Issued: Permit Number:  6. Equipment Inspected: Yes No Date:  C. Equipment Inspection:  Tank Pump Valves Hoses icle Water Tight Capped Water Stored Comment    Date   Date   Date   Date   Date		3.	Comments from Co					
Date Certificate Issued: Certificate Number:  5. Type III Facility Approved: Yes No  Construction Permit Issued: Permit Number:  Operation Permit Issued: Permit Number:  6. Equipment Inspected: Yes No Date:  C. Equipment Inspection:  Tank Pump Valves Hoses icle Water Tight Secured Water Tight Capped Water Stored Comment  D. Permit Recommended: Yes No			Land Application S	ita Approved by	, Stata Wat	ar Control Roard Vac	No	
5. Type III Facility Approved: Yes No  Construction Permit Issued:								
Construction Permit Issued:						Certificate Number: _		
Operation Permit Issued:					No No			
C. Equipment Inspected: Yes No Date:			Construction Permit	t Issued:(Date	)	Permit Number:		
C. Equipment Inspection:  Tank  Pump  Valves  Hoses  icle Water Tight  Secured  Water Tight  Capped  Water Stored  Comment  D. Permit Recommended: Yes  No  Environmental Health Specialist  Date			Operation Permit Is	sued:(Date	)	Permit Number:		
Tank Pump Valves Hoses  Icle Water Tight Secured Water Tight Capped Water Stored Comment    D. Permit Recommended: Yes No		6.	Equipment Inspecte	d: Yes	No	Date:		_
D. Permit Recommended: Yes No	C.	Equipment In	nspection:					
D. Permit Recommended: Yes No								
D. Permit Recommended: Yes No		Tank	k	Pump		Valves	Hoses	
E. Permit Authorized: Yes No	cle	Water Tight	nt Secured	Water Tight	Capped	Water Stored	Comm	ents
Environmental Health Specialist Date  E. Permit Authorized: Yes No								
E. Permit Authorized: Yes No								
Environmental Health Specialist Date  E. Permit Authorized: Yes No								
Environmental Health Specialist Date  E. Permit Authorized: Yes No								
Environmental Health Specialist Date  E. Permit Authorized: Yes No								
Environmental Health Specialist Date  E. Permit Authorized: Yes No	_	D						
	IJ.	Permit Recon	nmended: Yes	NO	Environmer	ntal Health Specialist	Date	:
Lawronnendi ticatii speciatis Late	E.	Permit Autho	orized: Yes	No	Environme	ntal Health Specialist	Dot	
Reason for Denial:		Reason for Do	Penial:		Environmen	specialist	Dat	·