



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICES DIVISION

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LIQUID WASTE HAULER VEHICLE

PERMIT APPLICATION

(SEPTAGE/PORTABLE TOILET/GREASE PUMPERS)

California Health and Safety Code §117405 requires any business that cleans septic tanks or chemical toilets, and/or disposes of the cleanings therefrom, must complete this registration form. Pursuant to California Health and Safety Code §117430- this registration is only valid for one calendar year.

San Luis Obispo County Code §8.12.501 states that no person shall engage in the cleaning, pumping, hauling, or disposing of material from a septic tank, cesspool, or any other tank or pit used for the collection of human excrement without first having obtained a permit in writing from the County Health Department.

BUSINESS INFORMATION

Form with fields for BUSINESS NAME (DBA), BUSINESS SITE ADDRESS, OWNER NAME, BUSINESS TELEPHONE NUMBER, BILLING ADDRESS, IF YOU WOULD LIKE US TO USE THE BUSINESS SITE ADDRESS ABOVE CHECK THIS BOX, ADDRESSEE NAME, BILLING TELEPHONE NUMBER, CELL PHONE NUMBER, BILLING ADDRESS, OWNER/ BUSINESS EMAIL ADDRESS, BUSINESS TYPE (CHECK BELOW), and checkboxes for SEPTIC TANK PUMPER, PORTABLE TOILET SUPPLIER, and OTHER.

VEHICLE INFORMATION

LIST ALL VEHICLES THAT WILL BE USED IN TRANSPORTING LIQUID WASTE AND INDICATE THE TYPE OF WASTES THAT WILL BE TRANSPORTED. ATTACH ADDITIONAL PAGES IF NECESSARY.

Table with 5 columns: MAKE, COMPANY NUMBER, LICENSE, LAST 6 DIGITS OF VIN NUMBER, GALLON CAPACITY WASTE TYPE. Rows 1) through 5).

MAKE	COMPANY NUMBER	LICENSE	LAST 6 DIGITS OF VIN NUMBER	GALLON CAPACITY WASTE TYPE
6)				
7)				
8)				
9)				
10)				

DISPOSAL SITE INFORMATION

PLEASE LIST ALL INTENDED DISPOSAL SITE(S), AND INDICATE THE TYPE OF WASTE THAT WILL BE DISPOSED OF AT EACH SITE.

SITE NAME	LOCATION	WASTE TYPE(S)

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY			
DATE RECEIVED _____	RECEIVED BY _____	ASSIGNED TO _____	ENTERED BY _____ ENTERED DATE _____
PE# _____	AMOUNT DUE _____	AMOUNT PAID _____	CHECK OR CC AUTH # _____ CASH <input type="checkbox"/>
<input type="checkbox"/> NONPROFIT: TAX ID # _____	<input type="checkbox"/> VETERAN EXEMPT	DD214 ATTACHED	<input type="checkbox"/> YES <input type="checkbox"/> NO
PR# _____	SR# _____	FA# _____	INVOICE NUMBER _____
INSPECTOR APPROVED _____		DATE _____	