



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICES DIVISION

2156 Sierra Way STE. B, San Luis Obispo, CA 93401

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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 §8.16.010 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

BUSINESS NAME (DBA) _____

BUSINESS SITE ADDRESS _____

OWNER NAME _____

BUSINESS TELEPHONE NUMBER _____

BILLING ADDRESS (TO BE USED FOR SENDING INVOICES AND ALL CORRESPONDENCE)

IF YOU WOULD LIKE US TO USE THE BUSINESS SITE ADDRESS ABOVE CHECK THIS BOX

ADDRESSEE NAME (IF DIFFERENT THAN OWNER NAME) _____

BILLING TELEPHONE NUMBER _____ CELL PHONE NUMBER _____

BILLING ADDRESS _____

OWNER/ BUSINESS EMAIL ADDRESS _____

BUSINESS TYPE (CHECK BELOW)

SEPTIC TANK PUMPER

PORTABLE TOILET SUPPLIER

OTHER _____

(NOTE: GREASE TRANSPORTERS MUST ALSO BE REGISTERED WITH THE DEPT. OF FOOD AND AGRICULTURE.)

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 1-5.

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 _____	