

SEPTIC PUMPER PERMIT APPLICATION

Name of person permit issued to: _____

Owner and/or operator of the equipment:

Name (Business): _____

Address	City	State	Zip
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Phone: _____ Cell Phone (if desired): _____

Email: _____

Number of trucks operated by owner: _____

Vehicle license number of each truck: _____

Methods of disposal to be used:

- Discharging to a public sewer (Location/s): _____

- Discharging to a sewage treatment plant (Location/s): _____

- Burying (Attach approval letters)
- Drying (Attach approval letters)

Prior to disposal, permission to dispose of septage must be granted by each facility which will be used. A copy of the permission sheet must be given to Eastern Idaho Public Health District prior to issuance of a permit. This must be given yearly before permit can be issued.

I, the undersigned, request a Septic Pumper's Permit to operate a business for the purpose of pumping or cleaning septic tanks and/or transporting and disposing of human excrement and agree to abide by Idaho's rules GOVERNING THE CLEANING OF SEPTIC TANKS (IDAPA 58, TITLE 01, CHAPTER 15.) I also understand that the permit is not transferable and may be suspended for violation of such regulations and standards.

Signature of Applicant: _____ Date: _____

(Fee is \$40.00 plus \$20.00 for each truck)

<u>EIPH Use Only</u>		
Date Paid: _____	Amount: _____	Receipt #: _____