

SEPTIC PUMPER PERMIT APPLICATION

Name of person permit issued to: _____

Name and address of owner and/or operator of the equipment:

Name (Business): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell Phone: (if desired) _____

Number of trucks operated by owner: _____

Vehicle license number of each truck: _____ / _____ / _____

Methods of disposal to be used:

▪ Discharging to a public sewer. (Locations of) _____

▪ Discharging to a sewage treatment plant. (Locations of) _____

▪ Burying: (Attach approval letters)

▪ Drying: (Attach approval letters)

Note: 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 before a permit is 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 understand that the permit will not be transferable and is based upon compliance with the Regulations Governing the Cleaning of Septic Tanks and may be suspended for violation of such regulations and standards.

Signature of Applicant: _____ **Date:** _____

Please sign application and return with payment to:
Environmental Health Section
Eastern Idaho Public Health District
1250 Hollipark Dr.
Idaho Falls, Idaho 83401
Phone 208-523-5382, FAX 208-528-0857

(Fee is \$40.00 plus \$10.00 for each truck)

Permit # _____

Total Due: _____

Receipt # _____