



**CONTRA COSTA
ENVIRONMENTAL HEALTH DIVISION**
2120 DIAMOND BOULEVARD, SUITE 100
CONCORD, CA 94520
(925) 608-5500 FAX (925) 608-5502
www.cchealth.org/eh



SEWAGE PUMPING/HAULING PERMIT APPLICATION

Type of Work (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Septic System Pumper Vehicle (44) | <input type="checkbox"/> Vault Waste Pumping (57) |
| <input type="checkbox"/> Portable Toilet Pumper Vehicle (55) | <input type="checkbox"/> Septic Waste Hauling, only (59) |
| <input type="checkbox"/> Sewage Pumper Company (45) | |

The registration and permitting of the business and the pumper vehicles is to ensure the businesses are properly extracting and disposing the liquid waste from septic tanks, individual sewage systems, holding tanks, pit privies, cesspools, sewage seepage pits, and chemical toilets.

Provide a copy of current DMV registration of pumper vehicle

PLEASE PRINT CLEARLY. ALL FIELDS MUST BE COMPLETED.

Legal Owner's Name			
Legal Owner Address			
City	State	Zip Code	Email(s)
Emergency Phone	FAX Phone		Driver License #
Business Name		Care Of	
Business Address			
City	State	Zip Code	Business Email(s)
Business License #	License Plate #	VIN#	Tank Capacity (Gal.)
Proposed Location for Sewage Disposal		Address - Equipment Parking:	
Chemical Toilets: Company Name		Storage Location:	Unit Number(s):

The undersigned hereby applies for a Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures needed to ensure compliance. Payment of the required fee and late penalties, if any, to secure a valid permit is required before commencing or continuing operations. Failure to do so may result in a misdemeanor citation, permit suspension/revocation proceedings, and/or closure. Notify Contra Costa Environmental Health Division of any changes in the type of business activity, name, billing address, or ownership by calling the number above.
PERMITS ARE NOT TRANSFERABLE.

Applicant Name (Please Print Clearly) _____

Signature of Applicant _____

FOR OFFICE USE ONLY			
FA #:	PR #:	P/E 42	REHS:
Amount Due: \$	Amount Paid: \$	Receipt #: XR	Received By:
Check #:	CASH Credit Card: <input type="checkbox"/> MC <input type="checkbox"/> VISA	Date Received:	Supervisor: