



<b>FOR OFFICE USE ONLY</b>	
Amt Due:	_____
Date Received:	_____
Receipt #:	_____
Invoice #:	_____

**Department of Health and Human Services, Environmental Health Division**  
 Auburn Office: 3091 County Center Drive, Suite 180, Auburn, CA 95603 (530) 745-2300  
 Tahoe Office: 775 N Lake Blvd, Suite 203, Tahoe City, CA 96145 (530) 581-6240

**APPLICATION FOR SEPTAGE PUMPERS  
AND CHEMICAL TOILET OPERATIONS**

**BUSINESS DETAILS:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: Chemical Toilets\_\_\_\_ Pumper Truck\_\_\_\_ Both\_\_\_\_

**OWNER DETAILS:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**VEHICLE DETAILS:**

Make of Truck: \_\_\_\_\_ Color: \_\_\_\_\_

CA License #: \_\_\_\_\_ Tank Capacity: \_\_\_\_\_

Tank Type: Vacuum\_\_\_\_ Pump\_\_\_\_ Other\_\_\_\_

Where do you propose to dispose of septage in the areas you pump?

\_\_\_\_\_

**PLEASE READ AND SIGN THE STATEMENT BELOW**

I hereby certify that I have read the Placer County Code, Chapter 13.24, Septic Tank Cleaning, and agree to abide by the law and any rules and regulations of the State Department of Health Services and/or the Placer County Health Department. I understand that any license or registration issued pursuant to this application is revocable for cause, and that failure to comply with the law or any order of the Health Officer may be punishable by fine or imprisonment or both.

**Applicant Name Printed:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<u>For Office Use Only</u>			
OW _____	FA _____	PR _____	PE _____ SR _____
Fee disclosure form signed: Yes _____ No _____		Plans date stamped: Yes _____ No _____	