



**CONTRA COSTA
ENVIRONMENTAL HEALTH DIVISION**
2120 DIAMOND BOULEVARD, SUITE 200
CONCORD, CA 94520
(925) 692-2500; FAX (925) 692-2504
www.cchealth.org/eh/

Sewage Pumper



SEWAGE PUMPING/HAULING PERMIT APPLICATION

APPLICATION FEE IS NON-REFUNDABLE (SERVICE FEES ARE ADDITIONAL REFER TO FEE SCHEDULE)

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 | | Country | |
| Emergency Phone | FAX Phone | Driver License # | |
| Business Name | | Care Of | |
| Business Address | | | |
| City/ State/ Zip | | Country | |
| 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 | Census Tract: | REHS: |
| Amount Due: \$ _____ | | Amount Paid: \$ _____ | | Receipt #: |
| Check #: | | CASH / Credit Card: MC ___ VISA ___ | | Date Received: |
| | | | | Received By: |
| | | | | Supervisor: |