

APPLICATION FOR A SEWAGE TANK PUMPER PERMIT

For Department Use Only



\_\_\_\_\_ County Health Department \_\_\_\_\_ Date Received /Fee Paid  
 \_\_\_\_\_ Co. Health Dept ID No. \_\_\_\_\_ Receipt Number (if applicable)  
 \_\_\_\_\_ Date Permit Issued

**TO BE COMPLETED AND SIGNED BY THE APPLICANT**

1. Name of Business \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Street Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Owner/ Proprietor's Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**AOWB LICENSING INFORMATION (if applicable)**

AOWB Licensee Name \_\_\_\_\_  
 AOWB License No. \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Type of Waste to be Hauled:  Septage  Sewage (including high-strength)  Raw Sewage (Portable/Vault Toilet)

4. Means of Collecting, Transporting, and Disposing of Sewage \_\_\_\_\_

5. Location of Disposal Points, Method of Sewage Disposal, and Type of Waste to be Disposed

Location	Disposal Method	Type Waste
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Vehicle Information

Vehicle Tag Number	State of Registration	Sewage Tank Capacity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Disposal Method(s) – Approvals attached  Yes  No

Application is made pursuant to Alabama Law (Section 22-26-2), *Code of Alabama, 1975* Alabama Administrative Code, Chapter 420-3-1-.34(1)(a)1.

I agree to allow inspection of all sewage tank cleaning equipment, vehicles, implements, containers, or other devices and sites used in the collection, transportation, or disposal of sewage tank contents. I also agree to mark my vehicles(s) and sewage holding tank and to keep adequate records and submit them to the local health department personnel in accordance with rules of the State Board of Health. I understand that permit renewal is required each year no later than December 31.

\_\_\_\_\_  
 Type or Print Applicant's Name

Date \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant