APPLICATION
SEWAGE TANK PUMPER PERMIT

For Department Use Only

ALABAMA DEPARTMENT
OF PUBLIC HEALTH

_____County Health Department
_____LHD Permit No.
_____Date Received

_____Date Fee Paid
_____Fee Amount
_____Receipt No.

To Be Completed by Applicant

1. Name of Business_____ Phone _____

   Street Address_____

   City_____ State_____ Zip_____

2. Name of Owner/Proprietor_____ Phone _____

   Mailing Address_____

   City_____ State_____ Zip_____

   AOWB Licensee Name_____

   AOWB License Number_____ Expiration Date_____/_____/_____

3. Type of Waste to be Hauled: _____Septage _____Raw Septage (Portable/Vault Toilet)

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

Location	Disposal Method	Type of Waste

5.Vehicle Information (Attach Additional Sheets if Necessary):

Vehicle Tag #	State of Registration	Capacity (Tank Size)

6. 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 420-3-6.

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 vehicle(s) and sewage holding tanks in accordance with the rules governing sewage tank pumpers. I agree to keep adequate records and submit them to the LHD personnel in accordance with Rules of the State Board of Health. I understand that permit renewal is required each year between November 1 and December 31.

Applicant Signature_____ Date_____