

FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION
1221 FULTON MALL/P.O. BOX 11867
FRESNO, CALIFORNIA 93775
TELEPHONE: (559) 600-3271

FA _____
PR _____
PE 4202
PREL

APPLICATION FOR REGISTRATION/PERMIT FOR LIQUID WASTE PUMPING

Pursuant to the CALIFORNIA HEALTH AND SAFETY CODE, application is hereby made to carry on the business of cleaning septic tanks, cesspools, sewage seepage pits, grease traps and chemical toilets and to the disposal of the cleanings therefrom in territory under the jurisdiction of Fresno County. **(See reverse side of this form for conditions of approval to operate.)**

DATE OF APPLICATION _____

BUSINESS NAME _____ TELEPHONE _____

ADDRESS _____
(number & street) (city) (county) (zip code)

OWNER'S NAME _____ TELEPHONE _____

ADDRESS _____
(number & street) (city) (county) (zip code)

EQUIPMENT TO BE USED IN FRESNO COUNTY:

<u>MODEL</u>	<u>YEAR</u>	<u>LICENSE / PERMIT #</u>	<u>GALLON CAPACITY</u>	<u>TYPE OF WASTE</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

TYPES OF WASTE: SEPTIC, GREASE TRAP, CHEMICAL TOILETS, CAR WASH, INDUSTRIAL, OTHER

PLEASE LIST THE WASTES TREATMENT PLANTS OR FACILITIES TO BE USED FOR DISPOSAL:

<input type="checkbox"/> CITY OF FRESNO TREATMENT FACILITY	<input type="checkbox"/> OTHER: LIST ALL AND/OR ANY FACILITIES TO BE USED
<u>NAME</u>	<u>ADDRESS</u>
<u>OWNER</u>	

MONTHLY DISPOSAL REPORTS WILL NOT BE REQUIRED IF MANIFESTS ARE TURNED IN AT THE CITY OF FRESNO FACILITY. **IF YOU DISPOSE OF PUMPINGS OUTSIDE OF FRESNO COUNTY OR AT ANOTHER APPROVED LOCATION OTHER THAN THE CITY OF FRESNO FACILITY, YOU MUST CONTINUE TO SUBMIT MONTHLY DISPOSAL REPORTS TO OUR OFFICE.**

* By applying for and accepting this permit, I agree to abide by the following conditions. I also understand that any violation of these conditions may result in revocation of my permit to operate in Fresno County.

PERMIT CONDITIONS

1. All liquid waste pumping vehicles shall obtain a yearly inspection and approval prior to operating in Fresno County.
2. All fees must be paid prior to operating in Fresno County.
3. Each load carrying portion of the liquid waste pumping vehicle is required to be permitted and will be identified by a sticker located at the left rear portion of the vehicle. Each vehicle shall carry a copy of this permit which is non-transferable and specific for each load carrying portions of the vehicle.
4. Should disposal of liquid waste outside of Fresno County, or at any approved location other than the City of Fresno facility occur, a monthly disposal report shall be submitted to Fresno County Public Health Department the following month. (See attached disposal report) **INITIAL**_____.
5. All liquid waste pumping accounts shall be listed on either the City of Fresno facility log or monthly disposal report, which ever applies.
6. Liquid waste disposed of in Fresno County shall be at locations approved by Fresno County Public Health Department.
7. Changes in address, number of pumping vehicles, ownership or disposal location's, shall be reported within five (5) working days.
8. All discharges including spills in areas not intended for disposal shall be reported to the Fresno County Public Health Department within twenty-four (24) hours of said discharge.
9. Each liquid waste pumping vehicle shall operate in accordance with all Federal, State, and Local Laws and Ordinances.

Owner/Operator Signature

Date

FOR DEPARTMENT USE ONLY

Application Approved

Application Denied

Environmental Health Specialist

Date