

Shasta County Department of Resource Management
Environmental Health Division

1855 Placer Street, Suite 201, Redding, CA 96001 Telephone (530) 225-5787, FAX (530) 225-5413

APPLICATION FOR PERMIT TO OPERATE A BUSINESS
OF CLEANING SEPTIC TANKS, CHEMICAL TOILETS, CESSPOOLS AND SEEPAGE PITS
AND TO DISPOSE OF THE CLEANINGS THEREFROM

Business Name _____ Phone _____

____ Please check here and sign below if there has been no change in this operation since the previous application, (including ownership). It will then be unnecessary to complete the remainder of this form. If change has occurred, please complete the remainder of this form. Provide all new information for the business and each truck.

Business Street Address _____ City _____

Business Mailing Address (if different than above) _____ City _____

Business Owner _____ Phone _____

Address of Business Owner _____ City _____

Email _____

Number of Pumping Trucks _____ Number of Other Pumping Units _____

Complete information below for NEW applications. See attached list top verify or amend for renewal applications.

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>License #</u>	<u>Capacity</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Disposal Location for all cleanings: _____

List all changes in your business since the previous application: _____

All persons who are registered with the Shasta County Department of Resource Management, Environmental Health Division, to clean septic tanks, chemical toilets, cesspools or seepage pits, are required to file with the Department of Public Works, an Application to Use County's Septage Treatment Facilities, and to comply with the Agreement For Use of County Septage Disposal Facilities.

I hereby represent that I am the person owning, managing, or conducting the said business for which application for registration is hereby made and I agree to comply with all the regulations of the Environmental Health Division and the laws and ordinances of the County of Shasta and the State of California pertaining to, or regulating such business(es) that are now in force or may hereafter be enacted. I certify that should a permit be granted, I shall observe the statutes and regulations pertaining to the operation of this business. By signing this application I agree to defend, indemnify, and hold the county harmless from any claim, action, or proceeding brought to attack, set aside, void or annul the county's approval of this application.

(Signature)

(Date)

Date Received

By _____

Renewal _____

Amount _____

New _____ Date _____

Owner change _____ Date _____

Approved by _____ Date _____