



**PLUMAS COUNTY PUBLIC HEALTH AGENCY
ENVIRONMENTAL HEALTH DIVISION**

Quincy Office

Chester Office

270 County Hospital Road, Suite 127,
Quincy, CA 95971

PO Box 1194
Chester, CA 96020

Tel (530) 283-6355 FAX (530) 283-6241

Tel (530) 258-2538 FAX (530-258-2844

**Septic Pumper Vehicle
Application for Permit To Operate**

BUSINESS INFORMATION

Name of Establishment: _____

Address/Location: _____

Telephone No. of Establishment: _____ Months and Hours Open: _____

OWNER INFORMATION

Name: _____

Mailing Address: _____

Home Phone: _____

OPERATOR INFORMATION

Name: _____

Mailing Address: _____

Home Phone: _____

VEHICLE INFORMATION

1

Make and Year of Vehicle: _____

Color: _____ Size (Tons): _____

Tank Capacity: _____ License No: _____

VEHICLE INFORMATION

2

Make and Year of Vehicle: _____

Color: _____ Size (Tons): _____

Tank Capacity: _____ License No: _____

VEHICLE INFORMATION

3

Make and Year of Vehicle: _____

Color: _____ Size (Tons): _____

Tank Capacity: _____ License No: _____

VEHICLE INFORMATION

4

Make and Year of Vehicle: _____

Color: _____ Size (Tons): _____

Tank Capacity: _____ License No: _____

Location of Disposal Site: _____

Means of Access (Card/Key-lock, etc.) _____

Means of Billing & Payment: _____

I HEREBY MAKE APPLICATION FOR A PERMIT TO OPERATE THE ABOVE FACILITY IN ACCORDANCE WITH THE STATE HEALTH LAWS AND LOCAL ORDINANCES AND REGULATIONS. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Date: _____ Signed: _____

FOR OFFICE USE ONLY

Date Inspected: _____ Permit Approved By: _____

Date Payment Received: _____ Amount: _____ Receipt No: _____

By: _____