



COUNTY OF MARIN - ENVIRONMENTAL HEALTH SERVICES
CIVIC CENTER, ROOM 236
Phone: (415) 473-6907 FAX: (415) 473-4120

**APPLICATION FOR REGISTRATION TO CARRY ON THE BUSINESS
 OF CLEANING SEPTIC TANKS, CHEMICAL TOILETS, CESSPOOLS AND SEWAGE
 SEEPAGE PITS AND TO DISPOSE OF THE CLEANINGS THEREFROM**

Pursuant to Sections 117400 et.seq. of the California Health & Safety Code and Chapter 7.36 of the Marin County Code application is hereby made to carry on the business of cleaning septic tanks, chemical toilets, cesspools and sewage seepage pits and to dispose of the cleanings therefrom in territory under Marin County's jurisdiction.

Applicant acknowledges that any permit issued pursuant to this application shall contain the following explicit conditions:

1. Permittee may only dispose of cleanings at facilities that have given authorization and permission to do so. Authorizations must be provided to Environmental Health Services yearly.
2. Permittee must complete and submit monthly reports to Environmental Health Services. These monthly reports must provide the name and address of the owner or tenant of each and every one of the premises where a septic tank, cesspool, or sewage seepage pit has been cleaned out by the registrant, or his or her employees; date of each cleaning; volume of material for each cleaning; location of where the cleanings are disposed and by whom (California Health and Safety Code Section 117435 and Marin County Code Section 7.36.020).
3. Decal issued by EHS evidencing current permit must be prominently displayed on the right front bumper of each vehicle.
4. Each vehicle must remain in compliance with the septic tank and chemical toilet pump truck equipment requirements.

List all sewage pumper trucks to be used in Marin County, License No. and capacity:

YEAR	MAKE	LICENSE NO'S.	CAPACITY	USE -sewage pumper truck/chemical toilet pumper

IMPORTANT: Submit a current written statement where cleanings will be disposed of by either:
(A) A permit from the city, county, or sanitary district. (B) A letter of permission from the city, county, or sanitary district.

Pump truck contents will be disposed of at the following location(s):

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Chemical Toilet Distributors – List the number of chemical toilets you have _____

We agree to conform to all conditions, orders and directions issued pursuant to Sections 117400 et. seq. of the Health & Safety Code and Chapter 7.36 of the Marin County Code

Name of Business:		Contact Person(s):	
Applicant:			
Relationship of Applicant to Business	Owner <input type="checkbox"/> Managing Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/>		
Applicant's Place of Residence			
Business Mailing Address		Phone #	
Business Location Address		Fax #	
Email Address		Marin Co. Bus. Lic. #	
		Exp. date	
If Firm is a Partnership	Each Partner's Place of Business	Each Partner's Place of Residence	

Signed by* _____ **Date** _____

*This application must be signed by the authorized officer of the corporation, if the firm is a corporation, or by the managing partner, if the firm is a partnership.

All County publications are available in alternative formats (Braille, Large Print, or CD), upon request. Requests for accommodations may be made by calling (415) 473-4381 (Voice) 473-3232 (TDD/TTY) or by e-mail at disabilityaccess@marincounty.org. Copies of documents are available in alternative formats, upon request.