

Hall County Environmental Health Application for Septage Removal Permit

Company State Certification #: _____

Company Name: _____

Owner Name: _____

Company Address: _____
Street City State Zip

Phone #: _____ Phone #: _____ Fax: _____ Email: _____

List Employee Names and DPH Certification Numbers:

Business Type: Septage Pumper Portable Sanitation Pumper Onsite Storage: Yes No

Disposal Facility Information

Final Disposal: Land Application Facility Wastewater Treatment Facility Wastewater Handling Facility

Name of Facility: _____ Disposal Facility Phone: _____

Address of Facility: _____
Street City State Zip

Describe business plan for pumping, storing, transferring and disposing: _____

Disposal Facility Letter of Acceptance Attached: Yes No

Owner Address: _____
Street City State Zip

Owner Phone: _____ Fax: _____ Disposal Facility Phone: _____

Business License #: _____ County: _____ Certification Expires: _____

Number of Vehicles: _____ Removal Method: _____ Transport Method: _____

Vehicle Identification: _____ VIN#: _____ Tag #: _____

Vehicle Identification: _____ VIN#: _____ Tag #: _____

Vehicle Identification: _____ VIN#: _____ Tag #: _____

Vehicle Identification: _____ VIN#: _____ Tag #: _____

Application Date: _____ Owner Signature: _____