

**Department of Environmental
Management**
Jennea Monasterio
Director

County of Sacramento

Divisions
Administration
Environmental Compliance
Environmental Health

SEPTIC TANK, CHEMICAL TOILET & GREASE TRAP CLEANER REGISTRATION APPLICATION

DATE _____

FACILITY#	
PROG REC#	
PE	4 2 7 0
RECEIPT#	
DATE PAID	/ /
AMOUNT	\$

NEW _____ RENEWAL _____

FIRM NAME OR DBA _____

MAILING ADDRESS _____

BUSINESS SITE ADDRESS _____

OWNERS (Partners, etc.) _____

BUSINESS PHONE () _____ EMERGENCY PHONE () _____

BUSINESS EMAIL _____ ALTERNATE EMAIL _____

VEHICLE USED

Make and Model _____ License Number _____ Tank Capacity _____

CHECK USAGE OF VEHICLE Chemical Toilets _____ Septic Tanks _____ Grease Traps _____

I certify that the above information is true and correct, and that the proposed work will be done to conform to all conditions, orders and directions pursuant to Section 117400-117450 inclusive, California Health and Safety Code, and Sacramento County Code, Chapter 6.32.

Signed: _____ Date: _____
Owner or Authorized Representative

COMPLETE THE FOLLOWING CERTIFICATION ONLY IF YOU DO NOT INTEND TO OPERATE IN SACRAMENTO COUNTY DURING THE ENSUING YEAR:

I hereby certify that the above firm or DBA does not intend to operate in Sacramento County during the calendar year subject to this application.

Signed: _____ Date: _____
Owner or Authorized Representative

THIS SIDE TO BE FILLED OUT BY ENVIRONMENTAL COMPLIANCE ONLY

FOR EACH VEHICLE:

FA #

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VEHICLE LICENSE NUMBER _____

PR#

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STICKER NUMBER _____

1. KIND OF TANK OR CONTAINER (DESCRIBE): _____

2. STATUS OF LOAD EMPTY _____ PARTIAL LOAD _____ FULL LOAD _____

3. WATERTIGHT? YES _____ NO _____

4. WATERTIGHT VALVES FOR LOADING
AND DICHARGING CONTENTS? YES _____ NO _____

5. VALVE CHAINED OR SECURED? YES _____ NO _____

6. GENERAL CLEANLINESS OF EQUIPMENT
SATISFACTORY? YES _____ NO _____

7. HAS APPLICANT DEMONSTRATED ADEQUATE
KNOWLEDGE OF SANITARY LAWS AND ORDINANCES? YES _____ NO _____

8. LOCATION OF DISPOSAL SITE MOST FREQUENTLY USED: CHECK ONE

a. ROSEVILLE ROAD SEPTAGE STATION _____

b. SIMS ROAD SEPTAGE STATION
(SEWAGE TREATMENT PLANT) _____

9. FIRM NAME OR DBA ON BOTH SIDES OF TANK
OR TRUCK? YES _____ NO _____

10. SEPTAGE WASTE DUMP TUBE ON TRUCK? YES _____ NO _____

11. DISINFECTION AND CLEANUP EQUIPMENT? YES _____ NO _____

COMMENTS: _____

ENVIRONMENTAL SPECIALIST

Date: _____

Data Entry: _____ Date: _____