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| **SEPTIC TANK, CHEMICAL TOILET &** |
| **GREASE TRAP CLEANER REGISTRATION APPLICATION** |

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| **FACILITY#** |  |
| **PROG REC#** |  |
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| NEW | |  | | RENEWAL | | | | | | | |  | | |  | |
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| FIRM NAME OR DBA | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MAILING ADDRESS | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BUSINESS SITE ADDRESS | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OWNERS (Partners, etc.) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| BUSINESS PHONE | | | | | ( ) | | | | | | | | | | | | | EMERGENCY PHONE | | | | | | | | | | | | | | | ( ) | | | | | | | | | | |
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| BUSINESS EMAIL | | | | |  | | | | | | | | | | | | | ALTERNATE EMAIL | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| VEHICLE USED | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signed: | | |  | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | | | | |  | | | | | | | |
|  | | | Owner or Authorized Representative | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signed: | | |  | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | | | | | | | |  | | | | |
|  | | | Owner or Authorized Representative | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **FOR EACH VEHICLE:** | | | | | | | | | | |  |  | | | | | | | | |  | FA # | |  | |  | | |  | | |  |  | | | |  |  |
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|  | **VEHICLE LICENSE NUMBER** | | | | | | | | | | |  | | | | | | | | |  | PR# | |  | |  | | |  | | |  |  | | | |  |  |
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|  | **STICKER NUMBER** | | | | | | | | | | |  | | | | | | | | |  |  | |  | | | | | | | | | | | | | | |
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| 1. | | | KIND OF TANK OR CONTAINER (DESCRIBE): | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | |  | | | |
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| 8. | | | LOCATION OF DISPOSAL SITE MOST FREQUENTLY USED: | | | | | | | | | | | | | | | | | | | | | | CHECK ONE | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. | | | | ROSEVILLE ROAD SEPTAGE STATION | | | | | | | | | | | | | | | | | | |  | |  | | | | | |  | | | | |  | | | |
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| 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: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | ENVIRONMENTAL SPECIALIST | | | | | | | | | | | | | | | | | | | | | | | |  | DATE | | | | | |
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|  | | | Data Entry: | |  | | Date: | | |  | | | |  | | | | | | | | | | | | |  |  | | | | | | | | | | | |

W:\DATA\FORMSARCHIVE\WP\SEWAGE\NEW BUILDING ADDRESS\REGISTRATION APPL FOR SEPTIC TANK CHEM TOILET & GREASE TRAP 12.1.15.DOCX