

Environmental Health Division

Application for License to Pump and Transport Liquid Waste

Application for a new or renewal of license to pump and transport liquid waste shall be made at least one month before expiration date of the existing license. It is understood that the Delaware County Health Department will inspect new trucks as part of the application process.

Applications and fee payments can be made in person or by mail. Submit \$166 for each vehicle to Delaware County Health Department, 1510 Chester Pike, Baldwin Tower Suite 700, Eddystone, PA 19022 in the form of a check or money order payable to "Delaware County Health Department". Do not send cash.

Company Name	Owner's Name
Contact Person	Mailing Address
Mailing Address	CityStateZip
CityStateZip	Phone
Phone	Cell Phone
Email Address:	Email Address:

Vehicle Information							
Year	Make	Model	Vehicle Identification #	State of Reg	License Plate	DCHD License # (Renewals Only)	Pump Truck or Trailor

(Use additional sheets if needed)

List all disposal sites and sewage treatment plants used. Changes or addition sites must be reported in writing prior to use to maintain validity of license.

Site Name	Site Name
Site Name	Site Name
Site Name	Site Name

Acknowledgements:

Application is, hereby, made for a license or licenses to pump and transport liquid waste. By this application it is agreed that:

- 1. All vehicles included on this application will comply with the provisions of the Delaware County Health Department Rules and Regulations, Chapter 504.
- Each vehicle shall have the Delaware County License number in a conspicuous place on both sides of the vehicle, in letters not less than three (3) inches in size, in a color that contrasting the background, preceded by "DCHD". (Chapter 504.4.4.1)
 Inspections of all new vehicles must be completed within a time frame agreed upon by the applicant and the department

- not to exceed 60 calendar days from the date of this application. A DCHD license number is permanently assigned to a VIN number on a vehicle. The number cannot be transferred and used on any other vehicle.

By signing this application, you certify that the facts set forth on this application are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of license. Also, you agree that the establishment will comply with the Delaware County Public Health Code.

Owner	Print:

_ Owner Sign: _____

Date

TO BE COMPLETED BY EHS / SEO ONLY				
Fee Paid:	Payment Method:	Payment Date:		
EHS/SEO Approval Sign:	EHS/SEO Approval Name:	Approval Date:		