

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 _____
 Address _____
 City _____ State ____ Zip _____
 Phone _____ DEP# _____

Site Name _____
 Address _____
 City _____ State ____ Zip _____
 Phone _____ DEP# _____

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 Address _____
 City _____ State ____ Zip _____
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 Address _____
 City _____ State ____ Zip _____
 Phone _____ DEP# _____

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.
2. 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)
3. 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: