

APPLICATION TO CONDUCT A LIQUID SCAVENGER OPERATION

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|------------------------|
| Date of application: |
| Company name: |
| Address: |
| Business phone number: |
| Name of legal owner: |
| Address: |
| Phone number: |
| Emergency Contact: |

PUMP OPERATORS

(All operators must be present during permit inspection. Only the operators listed below will be allowed to perform liquid scavenger operations. TriCounty Health Department must be notified of all operator changes)

| Name | Cell phone number |
|------|-------------------|
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COLLECTION VEHICLE INFORMATION

| Year | Make | Model | Vehicle License | Tank Capacity | Permit |
|------|------|-------|-----------------|---------------|--------|
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FACILITIES OR SITES TO BE USED FOR DISPOSAL OF WASTE *(Copies of contracts required)*

| Name | Address or Location |
|------|---------------------|
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Applicant's Signature: _____ Date: _____

Note: It is recommended that this Application form be accompanied by a surety bond.

For Health Department Use Only
LIQUID SCAVENGER INSPECTION FINDINGS

Company name: _____ Contact person: _____

Address: _____ Phone #: _____

Letter notations:

File notations:

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|--|-------------------------------------|
| # of vehicles inspected: _____ | # of disposal site inspected: _____ |
| Follow up inspections needed? Yes No | Issue permit? Yes No |
| Approved: _____ | Not Approved: _____ |

Inspection conducted with: _____ Date: _____

Inspector Signature: _____ Date: _____

| | | | |
|--------------------|-------------------|----------------------|------------------|
| Amount paid: _____ | Receipt # _____ | Date received: _____ | |
| Recvd by: _____ | Issue date: _____ | Permit # _____ | Exp. Date: _____ |

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