

APPLICATION TO CONDUCT A LIQUID SCAVENGER OPERATION

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

COLLECTION VEHICLE INFORMATION

Year	Make	Model	Vehicle License	Tank Capacity	Permit

FACILITIES OR SITES TO BE USED FOR DISPOSAL OF WASTE *(Copies of contracts required)*

Name	Address or Location

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:

# 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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