



SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

DAVID GHILARDUCCI, MD, FACEP
INTERIM HEALTH OFFICER

TRACEY BELTON
AGENCY DIRECTOR

PUBLIC HEALTH SERVICES

Healthy People in Healthy Communities

SEPTAGE PUMPER'S PERMIT APPLICATION

FEE: \$348.00 PER YEAR (PER VEHICLE)

Owner's Name: _____

Company Name: _____

Street Address: _____

City: _____ Zip: _____ Phone: _____

Mailing Address: _____

Do you operate a septic tank pumper in San Benito County? _____ Yes _____ No

If yes, complete vehicle information section. If no, skip to signature.

VEHICLE INFORMATION

Current Permit Number: _____ Vehicle License Number: _____

Make of Vehicle: _____ Year of Vehicle: _____

Model of Vehicle: _____ Tons: _____ Gallons: _____

OWNER'S SIGNATURE: _____ **DATE:** _____

NOTE: Quarterly pumping reports are to be submitted to this office by the 15th of the month following the end of that quarter. The report must include: customer's name, location of pump site, amount pumped, and date pumped. Septage holding tank-pumping reports shall be submitted on a monthly basis.

OFFICE USE ONLY

Issue Date: _____ By: _____

Date Revoked: _____ By: _____