



Southeastern Idaho Public Health

APPLICATION FOR PERMIT TO OPERATE SEPTIC TANK PUMPING EQUIPMENT

Business Name:			
Business Phone #:		Business Email:	
Mailing Address:	City:	State:	Zip:

Permit Holders Name:		Phone #:	
Mobile #:		Email:	
Mailing Address:	City:	State:	Zip:

# of Trucks/Tanks:	Please complete "Pumping Vehicle Form" for each truck/tank specified		
Equipment Storage Site:	City:	State:	Zip:

Method and Location of Disposal

Prior to disposal, permission to dispose of septage must be granted by each facility used. A copy of the permission sheet (**Site Authorization Form**) must be submitted with the application prior to the issuance of a permit.

- Discharging to a Public Sewer – Site Authorization Form required
- Discharging to a Sewage Treatment Plant – Site Authorization Form required
- Land Application – DEQ approval letter required
- Other disposal method as approved by DEQ – DEQ approval letter required

I, the undersigned, request a Septic Pumper's Permit to operate a business for the purpose of pumping or cleaning septic tanks and /or transporting and disposing of human excrement and agree to abide by Idaho's rules GOVERNING THE CLEANING OF SEPTIC TANKS (IDAPA 58, Title 01, Chapter 15.) I also understand that the permit is not transferable and maybe suspended for violation of such regulations and standards.

Printed Name: _____ Title: _____

Applicant Signature: _____ Date: _____

(Fee is \$89 per pumper truck/tank)

SIPH USE ONLY

Date Paid:	Amount:	Receipt#:
------------	---------	-----------



Southeastern
Idaho Public Health

Pumping Vehicle Form

Please provide the following information for each vehicle. Each pumping vehicle must be inspected and approved by an Environmental Health Specialist before a license can be issued. If the vehicle is new to your fleet it will be inspected and approved. Then a permit number will be assigned to it which must be displayed on the vehicle.

VEHICLE # 1:	Permit #:
License Plate:	Last 4 of VIN:
Model:	Waste Capacity:

VEHICLE # 2:	Permit #:
License Plate:	Last 4 of VIN:
Model:	Waste Capacity:

VEHICLE # 3:	Permit #:
License Plate:	Last 4 of VIN:
Model:	Waste Capacity:

VEHICLE # 4:	Permit #:
License Plate:	Last 4 of VIN:
Model:	Waste Capacity:

VEHICLE # 5:	Permit #:
License Plate:	Last 4 of VIN:
Model:	Waste Capacity:

VEHICLE # 6:	Permit #:
License Plate:	Last 4 of VIN:
Model:	Waste Capacity:



Southeastern
Idaho Public Health

Site Authorization Form

Disposal Method Jurisdiction: _____

Hereby grants Permission to: _____

Authorized disposal method of septic tank sludge:

Sewage Treatment Plant

Municipal Sewer System

Approved Locations: _____

Signature: _____ Date: _____

- Site approval is valid during the calendar year in which the form is signed.

Mail or Fax to:

Southeastern Idaho Public Health
Attn: Environmental Health
1901 Alvin Ricken Drive,
Pocatello, Idaho 83201
Fax (208) 234-5882



Southeastern
Idaho Public Health

Site Authorization Form

Disposal Method Jurisdiction: _____

Hereby grants Permission to: _____

Authorized disposal method of septic tank sludge:

Sewage Treatment Plant

Municipal Sewer System

Approved Locations: _____

Signature: _____ Date: _____

- Site approval is valid during the calendar year in which the form is signed.

Mail or Fax to:

Southeastern Idaho Public Health
Attn: Environmental Health
1901 Alvin Ricken Drive,
Pocatello, Idaho 83201
Fax (208) 234-5882