

PERMIT APPLICATION TO OPERATE SEPTIC PUMPING EQUIPMENT**Business Name** _____

Business Address _____

City _____ State _____ Zip Code _____

Phone# _____ E-Mail Address _____

Owner Name _____

Owner Address _____

City _____ State _____ Zip Code _____

Phone# _____ E-Mail Address _____

Local Contact Name _____

Phone# _____ E-Mail Address _____

Submit a copy of truck registration and signed disposal site for each truck with fees and application.

Truck License Plate# _____ and Truck Vin# _____

APPROVAL OF SEWAGE DISPOSAL SITE**Name of Disposal Site** _____

Disposal Site Address _____

City _____ State _____ Zip Code _____ Phone # _____

Permission is granted to: Pumper Name _____

Pumper Address _____

City _____ State _____ Zip Code _____

Disposal of septic tank sludge by the following method:

Sewage Treatment Plant ☐Municipal Sewer System ☐Burying ☐Drying ☐

Signature of Plant Operator _____ Date _____

OFFICE USE ONLY

Permit # _____

Receipt # _____

Rev 6/25 bk

Ada & Boise County707 N. Armstrong Pl. Boise, ID 83704
208-375-5211**Elmore County**520 E. 8th N. Mountain Home, ID 83647
208-587-4407**Valley County**703 1st St. McCall, ID 83638
208-634-7194

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