

ENVIRONMENTAL HEALTH DIVISION
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HEALTH PERMIT APPLICATION

SEWAGE PUMPERS,

GREASE PUMPERS,

AND TOILET PUMPERS

HEALTH PERMIT APPLICATION

SEWAGE PUMPERS, GREASE PUMPERS, AND TOILET PUMPERS

Section A: Vehicle Storage Yard

1. Is your vehicle(s) being stored in Kern County?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Storage Address: _____ _____	APN: _____	Vehicle Storage Yard Approval included: <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you own this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	Planning Zone: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

*If your property is located in Kern County and you do not own the property, the **Vehicle Storage Yard Approval** form must be completed and submitted with your application package.

Section B: Business Information

1. List all the names under which you are doing, or have done business:

A) _____ C) _____
 B) _____ D) _____

2. Is this business a SOLE PROPRIETORSHIP

Yes → If yes, list the residential address of the business Company:

No

Name: _____ Address: _____ City: _____ Zip: _____

3. Is this business a PARTNERSHIP

Yes → If yes, list the name and residential address of each partner:

No

Name: _____ Address: _____ City: _____ Zip: _____
 Name: _____ Address: _____ City: _____ Zip: _____
 Name: _____ Address: _____ City: _____ Zip: _____

4. Is your business INCORPORATED?

Yes → I have included a copy of my business's Articles of Incorporation signed by the Secretary of State with my application package. (California Health and Safety Code, Section 117415)

No

Section C: Other Permits

1. Do you have a permit to operate in other counties?

Yes → List all counties in which you have a permit to operate:

No 1) _____ 3) _____ 5) _____
 2) _____ 4) _____ 6) _____

Section D: Disposal Site Location(s)

			Authorization/ Permit Provided*	
Disposal site: _____	Physical Address: _____	City: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disposal site: _____	Physical Address: _____	City: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disposal site: _____	Physical Address: _____	City: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***Written authorization or permit for each disposal facility must be provided.**

Section E: Vehicle Information

You are required to designate which vehicles are exclusively used for pumping and hauling grease. List **ALL** vehicles to be used. Attach additional sheets if necessary.

<input type="checkbox"/> Toilet Pumper		<input type="checkbox"/> Sewage Pumper		<input type="checkbox"/> Grease Pumper*	
Vehicle Make:	Type:	Waste Gallons:	*CDFA Grease Permit #:		
License Plate #:	Year:	Fresh Gallons:	Unit #:		
Kern County Environmental Health Permit # (PR):			Kern County Environmental Health Decal #:		
Storage Yard Address:					

<input type="checkbox"/> Toilet Pumper		<input type="checkbox"/> Sewage Pumper		<input type="checkbox"/> Grease Pumper*	
Vehicle Make:	Type:	Waste Gallons:	*CDFA Grease Permit #:		
License Plate #:	Year:	Fresh Gallons:	Unit #:		
Kern County Environmental Health Permit # (PR):			Kern County Environmental Health Decal #:		
Storage Yard Address:					

<input type="checkbox"/> Toilet Pumper		<input type="checkbox"/> Sewage Pumper		<input type="checkbox"/> Grease Pumper*	
Vehicle Make:	Type:	Waste Gallons:	*CDFA Grease Permit #:		
License Plate #:	Year:	Fresh Gallons:	Unit #:		
Kern County Environmental Health Permit # (PR):			Kern County Environmental Health Decal #:		
Storage Yard Address:					

<input type="checkbox"/> Toilet Pumper		<input type="checkbox"/> Sewage Pumper		<input type="checkbox"/> Grease Pumper*	
Vehicle Make:	Type:	Waste Gallons:	*CDFA Grease Permit #:		
License Plate #:	Year:	Fresh Gallons:	Unit #/Personal ID#:		
Kern County Environmental Health Permit # (PR):			Kern County Environmental Health Decal #:		
Storage Yard Address:					

<input type="checkbox"/> Toilet Pumper		<input type="checkbox"/> Sewage Pumper		<input type="checkbox"/> Grease Pumper*	
Vehicle Make:	Type:	Waste Gallons:	*CDFA Grease Permit #:		
License Plate #:	Year:	Fresh Gallons:	Unit #/Personal ID#:		
Kern County Environmental Health Permit # (PR):			Kern County Environmental Health Decal #:		
Storage Yard Address:					

HEALTH PERMIT APPLICATION SEWAGE PUMPERS, GREASE PUMPERS, AND TOILET PUMPERS STORAGE YARD APPROVAL

FOR STORAGE YARDS WITHIN KERN COUNTY ONLY
(Use additional sheet if more than one location.)

Property Company: _____
Site Address: _____
Mailing Address: _____
Telephone: _____ E-mail: _____
Assessor's Parcel Number (APN): _____

Type of vehicle(s) being stored (check all that apply):

<input type="checkbox"/> Sewage Pumper	<input type="checkbox"/> Grease Pumper	<input type="checkbox"/> Portable Toilet Pumper	Number of Portable Toilets: _____
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Do you plan to store pumped waste (septic waste, grease, portable toilet waste) on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has this method of storage been approved by your local Planning Department? <input type="checkbox"/> Yes <input type="checkbox"/> No
Method of storage: _____	
Water source: _____	

I hereby certify, to the best of my knowledge, that the information given on this Property Information form is true and correct. I grant permission to _____ for the purpose of storing sewage pumping vehicle(s) and or portable toilets on my property.

Property Company's Signature:

Printed Name:

Date:

FOR OFFICIAL USE ONLY	
Date: _____	
Planning Zone: _____	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved by (print): _____	Signature: _____
Comments: _____	

HEALTH PERMIT APPLICATION SEWAGE PUMPERS, GREASE PUMPERS, AND TOILET PUMPERS

INFORMATIONAL NOTICE

A HEALTH PERMIT CANNOT BE ISSUED UNLESS A COMPLETE APPLICATION IS SUBMITTED.
THIS INCLUDES PROVIDING THE REQUESTED ACCOMPANYING DOCUMENTATION

I hereby certify, to the best of my knowledge, that the information given on this application is true and correct. My signature indicates that I have read, understand, and agree to comply with the Terms and Conditions of Registration to Operate a Sewage Pumping/Grease Pumping/Toilet Rental Business in Kern County. Submission of falsified information on this application will be grounds for denial, revocation or suspension of registration to operate within Kern County.

Signature of Company/Corporate Officer: _____

Printed Name: _____

Title: _____

Date: _____

For official use only

Reviewed by:	Approved by:	Date:
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