



TEHAMA COUNTY ENVIRONMENTAL HEALTH

633 Washington St. Room 36
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**LIQUID WASTE HAULER VEHICLE
REGISTRATION APPLICATION**

(SEPTAGE/PORTABLE TOILET/GREASE PUMPER)

California Health and Safety Code §117405 requires any business that cleans septic tanks or chemical toilets, and/or disposes of the cleanings therefrom, must hold an unrevoked registration from the Local Health Agency. Pursuant to California Health and Safety Code §117430- **this registration is only valid for one calendar year.**

Tehama County Code §9.20.010 states that every application mentioned in this Health and Safety Code, shall be accompanied by a surety bond executed in favor of the county (chemical toilets exempt). (See attached Permit Bond).

BUSINESS INFORMATION

BUSINESS NAME (DBA) _____

BUSINESS SITE ADDRESS _____

OWNER NAME _____

BUSINESS TELEPHONE NUMBER _____ EMAIL _____

BILLING ADDRESS (TO BE USED FOR SENDING INVOICES AND ALL CORRESPONDENCE)

IF YOU WOULD LIKE US TO USE THE BUSINESS SITE ADDRESS ABOVE CHECK THIS BOX

ADDRESSEE NAME (IF DIFFERENT THAN OWNER NAME) _____

BILLING TELEPHONE NUMBER _____ CELL PHONE NUMBER _____

BILLING ADDRESS _____

OWNER/ BUSINESS EMAIL ADDRESS _____

BUSINESS TYPE (CHECK BELOW)

SEPTIC TANK PUMPER PORTABLE TOILET SUPPLIER

OTHER _____

(NOTE: GREASE TRANSPORTERS MUST ALSO BE REGISTERED WITH THE DEPT. OF FOOD AND AGRICULTURE.)

VEHICLE INFORMATION

LIST ALL VEHICLES THAT WILL BE USED IN TRANSPORTING LIQUID WASTE AND INDICATE THE TYPE OF WASTES THAT WILL BE TRANSPORTED. ATTACH ADDITIONAL PAGES IF NECESSARY.

MAKE	COMPANY NUMBER	LICENSE	LAST 6 DIGITS OF VIN NUMBER	GALLON CAPACITY WASTE TYPE
1)				
2)				
3)				
4)				
5)				

DISPOSAL SITE INFORMATION

PLEASE LIST ALL INTENDED DISPOSAL SITE(S), AND INDICATE THE TYPE OF WASTE THAT WILL BE DISPOSED OF AT EACH SITE.

SITE NAME	LOCATION	WASTE TYPE(S)

SIGNATURE _____ DATE _____

DATE RECEIVED _____ RECEIVED BY _____
AMOUNT PAID _____ CHECK # _____ CASH _____
CREDIT CARD _____
INSPECTOR APPROVED _____ DATE _____