



South Central Public Health District

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SEPTIC TANK PUMPER OPERATOR PERMIT APPLICATION

- In accordance with Title 39, Chapter 1 of the Idaho Code, all persons, firms, or corporations operating any tank truck or any device or equipment used, or intended to be used, for the purpose of pumping or cleaning septic tanks or transporting human excrement are required to be permitted **on or before March 1st** of each year.
- Each vehicle must be inspected once per year. Please call SCPHD to schedule an inspection of your vehicle(s).
- Complete the application and submit the correct permit fee. Incomplete applications will not be processed.
- **OPERATOR PERMIT FEE: \$80 & PUMP TRUCK INSPECTION FEE: \$85/TRUCK**

Company Name: _____

Owner/Operator Name: _____ e-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Phone: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Method of Disposal: ☐ Sewage Treatment Plant ☐ Municipal Sewer System ☐ Burying ☐ Drying

Disposal Sites:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

TANK TRUCK INFORMATION

of tank trucks operated by owner: _____

Truck #	License Plate #	Truck #	License Plate #	Truck #	License Plate #

**Attach additional sheets as necessary to list all truck license plates.

Signature: _____ **Date:** _____

By my signature above, I certify I am the owner, lessee, or authorized representative of the owner, and that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application and/or permit may be revoked. I accept responsibility to notify the South Central Public Health District of any changes to the above information. I hereby explicitly authorize agents of the South Central Public Health District to access this property and facility for the purposes of conducting all necessary regulatory inspections (including routine, follow-up, and complaint-driven inspections) required to issue and maintain this permit.

Official Use Only

Application Date: _____

Fee Paid: \$ _____

Date Paid: _____

Receipt #: _____

Facility #: _____