



Plumas County Environmental Health

270 County Hospital Road, Ste. 127, Quincy, CA 95971

Phone: (530) 283-6355 ~ Fax: (530) 283-6241

SEPTIC PUMPER VEHICLE APPLICATION FOR PERMIT TO OPERATE

OWNER/OPERATOR INFORMATION

Business Name: _____

Owner Name: _____

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street/PO Box City State Zip

Telephone Number: _____ FAX Number: _____

VEHICLE INFORMATION

VEHICLE #1

Make _____ Year _____ Color _____
Tank Size _____ Vehicle License No: _____

VEHICLE #2

Make _____ Year _____ Color _____
Tank Size _____ Vehicle License No: _____

VEHICLE #3

Make _____ Year _____ Color _____
Tank Size _____ Vehicle License No _____

VEHICLE #4

Make _____ Year _____ Color _____
Tank Size _____ Vehicle License No: _____

VEHICLE #5

Make _____ Year _____ Color _____
Tank Size _____ Vehicle License No: _____

I hereby make application for a permit to operate the above listed septic pumper vehicles in accordance with the State and Local Health laws, ordinances and regulations. I certify that the above information is true and correct to the best of my knowledge.

Date: _____ Signed: _____

FOR OFFICE USE ONLY

Date Payment Received: _____ Amount: _____ Receipt No: _____ By: _____

Date Inspected: _____ Permit Approved by: _____