



Boise Office: 707 N. Armstrong Place
327-7499 Boise ID 83704

Mc Call Office: 703 N. 1st Street
634-7194 Mc Call ID 83638

Mountain Home Office: 520 E 8th North
587 -9225 Mountain Home ID

APPLICATION FOR PERMIT TO OPERATE SEPTIC TANK PUMPING EQUIPMENT

APPLICANT INFORMATION New Establishment New Truck Truck license number _____

Business Name _____

Owner of Equipment No Yes Phone # _____ E-mail _____

Mailing Address _____
City State Zip

Equipment Storage Site _____

Name of Equipment Owner _____

Mailing Address _____
City State Zip

Phone# _____ E-Mail _____

Fees are due and payable upon submission of this application.

A copy of each vehicle's registration must accompany this application.

Every truck application requires a signature from each disposal site that will be used.

APPROVAL OF SEWAGE DISPOSAL SITE

Name of Facility _____

Address _____

Permission is granted to: Name _____
Address _____

For disposal of septic tank sludge by the following method: Sewage Treatment Plant Burying
 Municipal Sewer system Drying

Date ____/____/____ _____
Signature of Treatment Plant Operator

OFFICE USE ONLY	Permit # _____
<input type="checkbox"/> Copy of Vehicle Registration	Receipt # _____
<input type="checkbox"/> Disposal Site/Plant Operator signature	Amount \$ _____

APPROVAL OF SEWAGE DISPOSAL SITE

Name of Facility _____

Address _____

Permission is granted to: Name _____

Address _____

For disposal of septic tank sludge by the following method: Sewage Treatment Plant Burying

Municipal Sewer system Drying

Date ___/___/___ _____

Signature of Treatment Plant Operator

APPROVAL OF SEWAGE DISPOSAL SITE

Name of Facility _____

Address _____

Permission is granted to: Name _____

Address _____

For disposal of septic tank sludge by the following method: Sewage Treatment Plant Burying

Municipal Sewer system Drying

Date ___/___/___ _____

Signature of Treatment Plant Operator

APPROVAL OF SEWAGE DISPOSAL SITE

Name of Facility _____

Address _____

Permission is granted to: Name _____

Address _____

For disposal of septic tank sludge by the following method: Sewage Treatment Plant Burying

Municipal Sewer system Drying

Date ___/___/___ _____

Signature of Treatment Plant Operator