

APPROVAL OF SEWAGE DISPOSAL SITE

Name of Disposal Site _____

Disposal Site Address _____

City _____ State _____ Zip Code _____ Phone # _____

Permission is granted to: Pumper Name _____

Pumper Address _____

City _____ State _____ Zip Code _____

Disposal of septic tank sludge by the following method:

Sewage Treatment Plant ☐ Municipal Sewer System ☐ Burying ☐ Drying ☐

Signature of Plant Operator _____ Date _____

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Rev 6/25 bk

Ada & Boise County707 N. Armstrong Pl. Boise, ID 83704
208-375-5211**Elmore County**520 E. 8th N. Mountain Home, ID 83647
208-587-4407**Valley County**703 1st St. McCall, ID 83638
208-634-7194