APPLICATION FOR SEPTAGE DISPOSAL PERMIT

CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
LA SANITATION

INDUSTRIAL WASTE MANAGEMENT DIVISION
2714 Media Center Dr., Los Angeles, CA 90065
1-323-342-6200

SEPTAGE DISPOSAL PERMIT No. : _____ NEW ☐ RENEWAL ☐

SEPTAGE HAULER COMPANY No. : _____ NEW ☐ EXISTING ☐

Application Received Date : _____

Permit Fee : _____ Receipt No. : _____

Received By: _____ Title: _____

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

Permit Effective Date: _____ Permit Expiration Date: _____

SEPTAGE HAULER COMPANY INFORMATION

Septage Hauler Company : _____

Septage Hauler DBA : _____

Business Owner or Owners: _____

Location Address : _____

_____

Mailing Address : _____

_____

Billing Address : _____

_____

Telephone : _____

Contact Person : _____ Title: _____

SEPTAGE HAULING VEHICLE INFORMATION

State Vehicle License No. : _____ Tank Trailer License No.: _____

Vehicle Identification No. : _____ Trailer Identification No.: _____

Waste Tank Capacity : _____ Gallons

Clean Water Tank Capacity : _____ Gallons

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ADDITIONAL INFORMATION

L.A. City Business Tax Registration Certification No. : _____

L.A. County Department of Health Services Registration No. : _____ (4 digits)

L.A. County Department of Health Services Public Health License No. : _____ (6 digits)

L.A. County Department of Health Services Public Health License Expiration Date : _____

Other Agencies From Which Hauler Holds Permits To Discharge: _____

THIS PERMIT APPLICATION IS FOR OBTAINING PERMISSION TO DISPOSE OF SEPTAGE FROM CESSPOOLS, SEPTIC TANKS, SANITARY HOLDING DEVICES AND PORTABLE TOILETS

I certify under penalty of law that I have personally examined and am familiar with the information in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in this application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Name of Authorized Representative (PRINT)	Signature of Authorized Representative
Title of Authorized Representative	Date Signed