

Sewage Pumper Certificate Application

Complete the information and sign this form. All items are required. If the form is not signed it will be returned and you will not be issued a certificate.

NAME OF BUSINESS _____

BUSINESS MAILING ADDRESS _____

BUSINESS PHONE NUMBER _____

BUSINESS EMAIL ADDRESS _____

LOCATION/ADDRESS OF SEPTAGE DUMPSITE:

For each vehicle or trailer, please complete information below. License plate numbers are required!

License Plate #		Make		Year		Fee	
License Plate #		Make		Year		Fee	
License Plate #		Make		Year		Fee	
License Plate #		Make		Year		Fee	
						Total	

CURRENT FEE SCHEDULE IS AVAILABLE ON OUR WEBSITE OR IN THE OFFICE:

<https://granthealth.org/fee-schedule/>

If any unlicensed truck/trailer is being used to pump systems/chemical toilets you are operating without a permit and the fee will be double the normal fee.

CERTIFICATES ARE NOT TRANSFERRABLE AND EXPIRE ON DECEMBER 31

***\$30.00 of each requested refund of a certificate fee will be retained by the Health District for administrative expenses.**

Approved/Disapproved By _____ Date _____

Amt. Received _____ Receipt # _____ Date _____ Initial _____

Permit # _____ Date Permit Mailed _____

