



**DEPARTMENT OF ENVIRONMENTAL HEALTH & QUALITY
LAND AND WATER QUALITY DIVISION**

(858) 565-5173 | LWQDuty.DEH@sdcounty.ca.gov

APPLICATION FOR ANNUAL SEWAGE HAULER PERMIT

**TO ENGAGE IN THE CLEANING OF SEPTIC TANKS, CHEMICAL TOILETS, CESSPOOLS, OR SEEPAGE PITS
AND THE TRANSPORTATION AND DISPOSAL OF CLEANINGS**

Name of Business: _____		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Business Address: _____		
City: _____	State: _____	Zip Code: _____
Business Phone Number: _____	Email: _____	
Legal Owner(s): _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____	Email: _____	
Emergency Contact: _____	Cell Phone Number: _____	

Services Provided: <input type="checkbox"/> Septic Tanks <input type="checkbox"/> Seepage Pits <input type="checkbox"/> Portable Restrooms <input type="checkbox"/> Cesspools <input type="checkbox"/> Other _____		
Primary Liquid Waste Disposal Facility Name: _____		
Facility Address: _____		
City: _____	State: _____	Zip Code: _____
Alternate Liquid Waste Disposal Facility Name: _____		
Facility Address: _____		
City: _____	State: _____	Zip Code: _____

The undersigned hereby applies for a sewage hauling permit registration. I declare under penalty of perjury that to the best of my knowledge and belief, the information I have provided is true and accurate. I understand that to become and remain registered and eligible to provide hauling services in San Diego County, I must pay the annual registration fee established by the County under applicable law. I also agree to conform to all conditions, orders, and directions issued pursuant to the California Health and Safety Code and all applicable County and City Ordinances including California Health and Safety Code Division 104, Part 13, Chapter 4, Article 1. and San Diego County Code Sections 68.601 – 68.613.

Date: _____

Print Name Signature

FOR OFFICE USE ONLY

Permit Number	# of Vehicles	Date



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SEWAGE HAULER TRUCK INVENTORY

(Complete separate form for each location where vehicles are stored)

Company Name:			Owner:		Contact:		Phone:	
Company Address:			Vehicle Storage Address:				Email:	
Location(s) Where Waste Is Disposed:								
Completed By Applicant for Each Permitted Vehicle					Completed by Department of Environmental Health & Quality			
Truck or Trailer?	Vehicle Make	License Plate	Tank Size (total gal)	Split Tank? (gal/ side)	3" Lettering on Vehicle? (yes or no) ¹	Decal #	DEHQ Observations and Comments on Hoses, Valve, Cap, Waste Transfer, etc.	

¹lettering includes name of business and phone number

SEWAGE HAULER TRUCK INVENTORY

(Complete separate form for each location where vehicles are stored)

Completed By Applicant for Each Permitted Vehicle					Completed by Department of Environmental Health & Quality		
Truck or Trailer?	Vehicle Make	License Plate	Tank Size (total gal)	Split Tank? (gal/ side)	3" Lettering on Vehicle? (yes or no) ¹	Decal #	DEHQ Observations and Comments on Hoses, Valve, Cap, Waste Transfer, etc.

¹lettering includes name of business and phone number

Additional Comments (To Be Completed By DEHQ):
