



# County of San Diego

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

5500 Overland Ave. Suite # 201, San Diego, CA 92123  
(858) 565-5173 | [LWQDuty.DEH@sdcounty.ca.gov](mailto: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:  Septic Tanks  Seepage Pits  Portable Restrooms  Cesspools  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