



Inyo County

ENVIRONMENTAL HEALTH DEPARTMENT
1360 North Main Street, Suite 211-F
Bishop, CA 93514

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www.inyocounty.us/EnvironmentalHealth

APPLICATION FOR PERMIT TO OPERATE SEWAGE DISPOSAL PUMPER VEHICLE

FACILITY	Business Name (DBA) _____ Phone () _____
	Location of Pumper _____ City _____ State _____ Zip _____ Address _____
BILL	Billing Name _____ Phone () _____
	Billing Address _____ City _____ State _____ Zip _____
OWNER	Person's Name _____ Phone () _____
	Address (home or office) _____ City _____ State _____ Zip _____

EMERGENCY CONTACT:

NAME:

PHYSICAL
ADDRESS:

CITY, STATE AND
ZIP CODE:

TELEPHONE:

EMAIL
ADDRESS:

FOR OFFICE USE ONLY:

RECEIPT #
AMOUNT
DATE PAID

How many trucks are you permitting? _____ Permits will be for each vehicle. Inspections will be done on each vehicle that will be coming into Inyo County.

Where will you be servicing in the county? (place an X by all that apply)

- South County(Pearsonville to Lone Pine) Southeast County (Charleston View, Tecopa, Shoshone, Death Valley)
 Mid County(Lone Pine to Aberdeen) North County (Aberdeen to Bishop)

What will you be pumping? ___ Porta Potties ___ Septic's ___ Grease Interceptor ___ Cesspools ___ Spill Cleanup

Place Vehicle Descriptions Below:

Vehicle 1-

Make _____ Model _____ Year _____ License # _____
Color _____ Tank Capacity _____

Vehicle 2-

Make _____ Model _____ Year _____ License # _____
Color _____ Tank Capacity _____

Vehicle 3-

Make _____ Model _____ Year _____ License # _____
Color _____ Tank Capacity _____

Vehicle 4-

Make _____ Model _____ Year _____ License # _____
Color _____ Tank Capacity _____

Vehicle 5-

Make _____ Model _____ Year _____ License # _____
Color _____ Tank Capacity _____

Vehicle 6-

Make _____ Model _____ Year _____ License # _____
Color _____ Tank Capacity _____

Vehicle 7-

Make _____ Model _____ Year _____ License # _____
Color _____ Tank Capacity _____

Vehicle 8-

Make _____ Model _____ Year _____ License # _____
Color _____ Tank Capacity _____

I hereby certify that I am the owner, or authorized representative of the owner, and this business will comply with all Federal, State and local laws now in force or which may hereafter be enacted and in force pertaining to this business.

Signed _____ Title/Position _____ Date _____

OFFICIAL USE ONLY

New Facility

Change of Ownership

Previous Name of Facility/Ownership: _____

Restrictions: _____

Comments: _____

VEHICLE LIC. #: _____ MODEL #: _____ PERMIT #: _____

APPROVED

DISAPPROVED

BY: _____ DATE: _____