



## APPLICATION FOR PUMP & HAUL or HOLDING TANK PERMIT

Permit Fee: \_\_\_\_\_

Receipt # \_\_\_\_\_

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, St, Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ (required)

Parcel ID \_\_\_\_\_ (required)

Proposed OSS Property Address: \_\_\_\_\_

NAME OF LICENSED HAULER \_\_\_\_\_

IDEM HAULER LICENSE: \_\_\_\_\_

NAME OF REGISTERED OSS CONTRACTOR TO CAP TANK \_\_\_\_\_

The owner must have the tank pumped in a timely matter that will not allow any effluent to escape the tank. The owner is also required to have receipts for pumping available to the Health Department upon request. Under normal circumstances, this would be no less than once per month.

Owner's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Pump & Haul is Temporary / Holding Tanks may be permanent**

**\*\* A satisfactory final OSS inspection (including alarm checks) must be obtained before scheduling your final building inspection for occupancy.**

### For Office Use Only

Design Received Date: \_\_\_\_\_

Design Approval Date: \_\_\_\_\_

Final Inspection Date: \_\_\_\_\_

Permit Issued Date: \_\_\_\_\_

Alarm Check Date: \_\_\_\_\_

**Approved / Disapproved**