



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