

Delaware General Health District
1 W. Winter Street - P.O. Box 570
Delaware, OH 43015-0570
740-368-1736

Application for Septage Waste Hauling Within
DELAWARE COUNTY FOR THE YEAR 2009

Truck ID#: _____ Date: _____

Business Name: _____ Business ID#: _____

Operator Name: _____

Street Address: _____

City, State, Zip: _____ Phone: _____

Truck Year: _____ Truck Make: _____ Truck Body Type: _____

Truck License #: _____ Capacity: _____ Fee: _____

Land Application Site: _____

Sewage Treatment Plant Location: _____

LAND APPLICATION:

PROPERTY OWNER	STREET ADDRESS	TYPE OF APPLICATION	TOWNSHIP	#ACRES
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I HEREBY APPLY FOR A PERMIT TO ENGAGE IN THE COLLECTION, REMOVAL AND DISPOSAL OF SEPTAGE FROM PRIVY VAULTS AND SEPTIC TANKS IN THE DELAWARE GENERAL HEALTH DISTRICT. I CERTIFY THAT THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE. I AGREE TO COMPLY WITH THE RULES AND REGULATIONS OF THE BOARD OF HEALTH OF THE DELAWARE COUNTY GENERAL HEALTH DISTRICT AND THE STATE OF OHIO GOVERNING THE COLLECTION AND DISPOSAL OF SEPTAGE.

APPLICANT _____ DATE _____
(SIGNATURE)

***Prior to Application Submission, Applicant must request a DGHD Sanitarian For Site Approval.

Signature of Sanitarian: _____ Date: _____

(Office Use Only)

FEE: \$15.00 per acre X= _____ (# of acres) = _____

DATE: _____ RECEIPT#: _____ RECEIVED BY: _____