

# APPLICATION FOR SEPTAGE DISPOSAL PERMIT

CITY OF LOS ANGELES  
DEPARTMENT OF PUBLIC WORKS  
BUREAU OF SANITATION

INDUSTRIAL WASTE MANAGEMENT DIVISION  
2714 Media Center Dr., Los Angeles, CA 90065  
1-323-342-6200

## FOR BUREAU OF SANITATION USE ONLY

SEPTAGE DISPOSAL PERMIT No. : \_\_\_\_\_ NEW ☐ RENEWAL ☐

SEPTAGE HAULER COMPANY No. : \_\_\_\_\_ NEW ☐ EXISTING ☐

Application Received Date : \_\_\_\_\_

Permit Fee : \_\_\_\_\_ Receipt No. : \_\_\_\_\_

Received By: \_\_\_\_\_ Title: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Effective Date: \_\_\_\_\_ Permit Expiration Date: \_\_\_\_\_

## SEPTAGE HAULER COMPANY INFORMATION

Septage Hauler Company : \_\_\_\_\_

Septage Hauler DBA : \_\_\_\_\_

Business Owner or Owners: \_\_\_\_\_

Location Address : \_\_\_\_\_  
\_\_\_\_\_

Mailing Address : \_\_\_\_\_  
\_\_\_\_\_

Billing Address : \_\_\_\_\_  
\_\_\_\_\_

Telephone : \_\_\_\_\_

Contact Person : \_\_\_\_\_ Title: \_\_\_\_\_

## SEPTAGE HAULING VEHICLE INFORMATION

State Vehicle License No. : \_\_\_\_\_ Tank Trailer License No.: \_\_\_\_\_

Vehicle Identification No. : \_\_\_\_\_ Trailer Identification No.: \_\_\_\_\_

Waste Tank Capacity : \_\_\_\_\_ Gallons

Clean Water Tank Capacity : \_\_\_\_\_ Gallons

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**ADDITIONAL INFORMATION**

L.A. City Business Tax Registration Certification No. : \_\_\_\_\_

L.A. County Department of Health Services Registration No. : \_\_\_\_\_ (4 digits)

L.A. County Department of Health Services Public Health License No. \_\_\_\_\_ (6 digits)

L.A. County Department of Health Services Public Health License Expiration Date : \_\_\_\_\_

Other Agencies From Which Hauler Holds Permits To Discharge: \_\_\_\_\_

THIS PERMIT APPLICATION IS FOR OBTAINING PERMISSION TO DISPOSE OF SEPTAGE FROM CESSPOOLS, SEPTIC TANKS, SANITARY HOLDING DEVICES AND PORTABLE TOILETS

I certify under penalty of law that I have personally examined and am familiar with the information in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in this application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

\_\_\_\_\_  
Name of Authorized Representative (PRINT)\_\_\_\_\_  
Signature of Authorized Representative\_\_\_\_\_  
Title of Authorized Representative\_\_\_\_\_  
Date Signed