



Application for License to Pump and Transport Liquid Waste

Application for a new or renewal of license to pump and transport liquid waste shall be made at least one month before expiration date of the existing license. It is understood that the Chester County Health Department will inspect new trucks as part of the application process.

Submit \$175 for each vehicle to Chester County Health Department, 601 Westtown Rd, Suite 288, PO Box 2747, West Chester, PA 19380-0990 in the form of a check or money order payable to "Treasurer of Chester County". Do not send cash.

Trade Name \_\_\_\_\_
Mailing Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_

Owner's Name \_\_\_\_\_
Mailing Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_

Email \_\_\_\_\_

Email will be used for corresponding with haulers re: current rules and regulations

Actual site location of the truck(s) to be inspected if different from the above address.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Is your primary business pumping septic tanks? \_\_\_\_\_

Table with 8 columns: Year of Vehicle, Manufacturer of Vehicle, Vehicle Identification #, State of Reg, Truck Tag #, CCHD License #, Type of Truck, Type of Permit. The table contains 10 empty rows for data entry.

List all disposal sites and sewage treatment plants used. Changes or addition sites must be reported in writing prior to use to maintain validity of license.

|                                 |
|---------------------------------|
| Site Name _____                 |
| Address _____                   |
| City _____ State ____ Zip _____ |
| Phone _____ DEP# _____          |

|                                 |
|---------------------------------|
| Site Name _____                 |
| Address _____                   |
| City _____ State ____ Zip _____ |
| Phone _____ DEP# _____          |

|                                 |
|---------------------------------|
| Site Name _____                 |
| Address _____                   |
| City _____ State ____ Zip _____ |
| Phone _____ DEP# _____          |

|                                 |
|---------------------------------|
| Site Name _____                 |
| Address _____                   |
| City _____ State ____ Zip _____ |
| Phone _____ DEP# _____          |

|                                 |
|---------------------------------|
| Site Name _____                 |
| Address _____                   |
| City _____ State ____ Zip _____ |
| Phone _____ DEP# _____          |

|                                 |
|---------------------------------|
| Site Name _____                 |
| Address _____                   |
| City _____ State ____ Zip _____ |
| Phone _____ DEP# _____          |

### Acknowledgements:

Application is, hereby, made for a license or licenses to pump and transport liquid waste. By this application it is agreed that:

1. All vehicles included on this application will comply with the provisions of the Chester County Health Department Rules and Regulations, Chapter 504.
2. Each vehicle shall have the Chester County License number in a conspicuous place on both sides of the vehicle, in letters not less than three (3) inches in size, in a color that contrasting the background, preceded by "CCHD". (Chapter 504.4.4.1)
3. Inspections of all new vehicles must be completed within a time frame agreed upon by the applicant and the department - not to exceed 60 calendar days from the date of this application. A CCHD license number is permanently assigned to a VIN number on a vehicle. The number cannot be transferred and used on any other vehicle.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

|  |                              |       |                      |                      |                                       |
|--|------------------------------|-------|----------------------|----------------------|---------------------------------------|
| <b>For Departmental Use Only</b>   |                              |       |                      |                      |                                       |
| Number of Vehicles: <table border="1"><tr><td>New</td><td>Renew</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table> | New                          | Renew | <input type="text"/> | <input type="text"/> | Payment Received <input type="text"/> |
| New  | Renew                        |       |                      |                      |                                       |
| <input type="text"/>   | <input type="text"/>         |       |                      |                      |                                       |
| Receipt # <input type="text"/>   | Expires <input type="text"/> |       |                      |                      |                                       |