CARROLL COUNTY HEALTH DEPARTMENT **BUREAU OF ENVIRONMENTAL HEALTH** 290 South Center Street

Westminster, Maryland 21157

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Edwin F. Singer, L.E.H.S. Director

VEHICLE APPLICATION AND INSPECTION FORM FOR SEPTAGE UTILIZERS

To Be Complet	ted by Applicant:		
Date:			
Name of Owner	.		 -
Mailing Addres	s:		
Telephone: Model of Vehicle:			
Serial Number of Vehicle: Vehicle License Number:			
Applicant's Sig	nature:		
FOR HEALTH	DEPARTMENT USE ONLY		
		YES	<u>NO</u>
	pplicable Item: [ame of septage hauler legibly lettered at least 3 inches in height]		
	n both sides of vehicle:		
B. P	ermit Number legibly lettered at least 3 inches in height on both		
	des of vehicle:		
	the words "Sewage Only" legibly lettered at least 6 inches in eight on both sides of vehicle:		
110	dight on both sides of vehicle.		
II. Watertig	ht Tank or Body:		
	Vater filled to 1/3 capacity of tank for inspection:		
	lo water leaking from tank:		
	all openings in tank have watertight seals:		
	ump operates without discharging water through leaks in		
	umping apparatus: To leaks in hose or hose connections:		
	There are (number of) hoses and all have been inspected:		
	General condition of truck is clean and sanitary:		
	·		
III. Notes:	Harming of the December of the Edit Co.	(040615	C t
	all requirements of the Department of the Environment Regulation 26	0.04.06.15	<u>Septage</u>
	nust be complied with. ach utilizer will be issued one permit number to be applied to all vel	nicles Eva	mnle: C-1
ъ. п	den danzer win de issued one permit number to de applied to all ver	пстез. Вла	шрю. С-1.
IV. TO BE	COMPLETED BY HEALTH DEPARTMENT		
	urrent Permit Expires Permit Number _		
Approv	ed for Annual Operating Permit		