CATAWBA COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
P.O. Box 389
Newton, North Carolina 28658
(828)465-8270 TDD #(828)465-8200 FAX #(828)465-8276

APPLICATION FOR PERMIT TO OPERATE A SEPTAGE MANAGEMENT FIRM

1. Owner's Name _____ NCDL#_____
   Mailing Address _____
   City _____ State _____ Zip _____
   Phone Number ( ) _____
2. Business Name _____
   Mailing Address _____
   City _____ State _____ Zip _____
   Phone Number ( ) _____ County _____
   State Permit NCS No. _____
3. Counties of Operation: _____
   _____
4. Pumper Trucks: Number Operated _____
   Trk Lic. No. _____ _____ _____
   Serial No. _____ _____ _____
   Capacity _____ gal. _____ gal. _____ gal.
   Year _____ _____ _____
   Make _____ _____ _____
   Model _____ _____ _____
   Color _____ _____ _____
5. Service provided to: Residences ____, Restaurants, ____, Industry, ____
6. Name and phone number of individuals authorized to operate trucks:
   Name _____ Phone _____
   _____ _____
   _____ _____
7. Insurance Company _____
   Product Liability Policy No. _____
   Policy Expiration Date _____
   (Enclose a Copy of Your Policy)
   Employer ID # _____
   Social Security # _____
8. Estimated Yearly Volume of Septage_____gallons

NOTE ALL septage disposed in Catawba County must be disposed at either the Regional Sludge Management Facility or at one of the designated manhole dumping stations of the City of Hickory or City of Newton.

I certify that the information provided above is true, complete, and correct to the best of my knowledge and belief.

_____ _____
Owner/Manager Date