

BUCKS COUNTY DEPARTMENT OF HEALTH

Application for Licensing of Sewage Transportation Vehicles

Pumping, Hauling or Transportation of Liquid or Solid Sewage Waste Materials

Application is hereby made of a sewage vehicle license to operate the below described vehicle, dump trailer, or tanker within Bucks County, Commonwealth of Pennsylvania, pursuant to the applicable portions under Section 5 of the Bucks County Department of Health Rules and Regulations Governing Individual and Community On-Lot Sewage Disposal Systems and any Departmental Policies and Procedures relative thereto.

Owner of Vehicle: _____ Telephone Number () _____

Address of Owner: _____
PO Box/Street City/Town State Zip

Manufacturer/Make: _____ Year: _____ License Plate No. #: _____ State of Registration _____
Vehicle _____
Dump Trailer _____
Tanker _____

PLEASE ATTACH A COPY OF CURRENT VEHICLE REGISTRATION (VIN) #

Description of Container:
Shape: _____ Capacity: Gal/cu yd. _____
Material Hauled _____ Color of Container: _____

Address where vehicle is stored: _____

List Location(s) where liquid or solid sewage waste is disposed of:
Facility/Permitted Site Address City/Town/State DEP Permit #/Out of State Permit

The undersigned attests that the above information is correct, and understands that the license for a sewage vehicle is **not** transferable and is subject to suspension or revocation under Section 5.8 of these Regulations for failure to comply with the requirements and subject to the penalty provisions set forth.

Please make check payable to the **BUCKS COUNTY DEPARTMENT OF HEALTH**
Mail Application to : **Bucks County Department of Health**
Neshaminy Manor Center Signature (owner): _____
Doylestown, PA 18901 Date: _____

DO NOT WRITE BELOW THIS LINE FOR DEPARTMENT USE ONLY

Appropriate Fee Received Cash Check Money order
(see attached fee schedule) Check No. # _____ Dated: _____ Received by _____

Sewage Vehicle Complies with Requirements Yes NO
Date Inspected _____

Environmental Protection Specialist