Charles County Department of Health
Division of Environmental Health Services
4545 Crain Highway/P.O. Box 1050
White Plains, MD 20695
301-609-6751 Fax: 301-609-6684
www.charlescountyhealth.org

Official Use:
Amount Due: _____
Date Paid:_____

Application for Septage Utilizer Permit

Application must be **complete** in its entirety and accompanied by the appropriate application fee in order to be processed. Checks should be made payable to the "Charles County Department of Health". Application fee is $70.

Name of Applicant: _____ MDE Wastewater Professional # _____

Business Name: _____ Business Email Address:_____

Business Mailing Address: _____

Business Telephone Number: _____

Truck Information

Make of Truck:	Model:	Year:
Color:	Type of Tank:	Capacity:
State Licensed:	Vehicle Tag #:	

Name and address/location where disposal will take place:

1. _____
2. _____
3. _____

I hereby make an application to obtain a permit for the above-mentioned vehicle and certify that the above has been answered to the best of my knowledge and belief.

_____

Applicant's Signature Date

Truck Inspection	**Yes**	**No**
1. Is the truck in clean and sanitary condition?	**[ ]**	**[ ]**
2. Is the name of the company labeled on both sides of the vehicle, using at least 3-inch lettering?	**[ ]**	**[ ]**
3. On the back of the vehicle is there a sign "SEWAGE ONLY" in at least 4-inch lettering?	**[ ]**	**[ ]**
4. Is the body watertight with no leaks present?	**[ ]**	**[ ]**

Comments/Deficiencies _____

Upon submission of the above information, an approved Department of Health vehicle inspection, and required fee of seventy dollars ($70.00) per vehicle, a permit will be issued. This Permit may be revoked at any time by the Charles County Department of Health if the above-named applicant or any person or employee under their supervision is found to be in violation of COMAR 26.04.02.09.

Approved: _____ Inspector: _____Date: _____

Not Approved: _____ Inspector: _____Date: _____