



# SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

GAIL NEWEL, M.D., MPH  
HEALTH OFFICER

JIM RYDINGSWORD  
DIRECTOR

**PUBLIC HEALTH SERVICES**  
*Healthy People in Healthy Communities*

## SEPTAGE PUMPER'S PERMIT APPLICATION

FEE: \$325.00 PER YEAR (PER VEHICLE)

Owner's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Do you operate a septic tank pumper in San Benito County? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, complete vehicle information section. If no, skip to signature.

## VEHICLE INFORMATION

Current Permit Number: \_\_\_\_\_ Vehicle License Number: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Year of Vehicle: \_\_\_\_\_

Model of Vehicle: \_\_\_\_\_ Tons: \_\_\_\_\_ Gallons: \_\_\_\_\_

**OWNER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTE:** Quarterly pumping reports are to be submitted to this office by the 15<sup>th</sup> of the month following the end of that quarter. The report must include: customer's name, location of pump site, amount pumped, and date pumped. Septage holding tank-pumping reports shall be submitted on a monthly basis.

## OFFICE USE ONLY

Issue Date: \_\_\_\_\_ By: \_\_\_\_\_

Date Revoked: \_\_\_\_\_ By: \_\_\_\_\_

**PUBLIC HEALTH  
SERVICES**  
439 Fourth Street  
Hollister, CA 95023  
831-637-5367

**MEDICAL THERAPY  
UNIT**  
761 South Street  
Hollister, CA 95023  
831-637-1989

**ENVIRONMENTAL  
HEALTH SERVICES**  
351 Tres Pinos Road, Ste C-1  
Hollister, CA 95023  
831-636-4035

**HEALTH EDUCATION  
PROGRAMS**  
439 Fourth Street  
Hollister, CA 95023  
831-637-5367