



MONTGOMERY COUNTY HEALTH DEPARTMENT

Norristown Health Center
1430 DeKalb Street, PO Box 311
Norristown, PA 19404-0311
610-278-5117
Fax: 610-278-5167

Pottstown Health Center
364 King Street
Pottstown, PA 19464
610-970-5040
Fax: 610-970-5048

Eastern Court House Annex
102 York Road, Suite 401
Willow Grove, PA 19090
215-784-5415
Fax: 215-784-5524

Application for Licensing of Sewage Transportation Vehicles and or Managing of Liquid Sewage Waste Materials

Application for a new or renewal of a sewage vehicle license to manage or transport liquid waste in any of the described vehicles, dump trailer, or tanker within Montgomery County, Commonwealth of Pennsylvania, pursuant to the applicable portions under Section 15-309 & 310 of the Montgomery County Public Health Code, Rules and Regulations, Governing Individual and Community On-Lot Sewage Disposal Systems and any Local Agency Policies and Procedures relative thereto.

Owner of Vehicle: _____ Telephone Number () _____ Email _____

Address of Owner: _____

P. O. Box/Street City/Town State Zip

<u>Manufacturer/Make:</u>	<u>Year:</u>	<u>License Plate No. #:</u>	<u>State of Registration:</u>
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 sewage waste is disposed of:

Facility/Permitted Site	Address	City/Town/State	DEP Permit#/Out of State Permit
_____	_____	_____	_____
_____	_____	_____	_____

The information supplied as part of this application is true and correct, and the undersigned understands that the license for a sewage vehicle is not transferable and is subject to suspension or revocation under Section 15-309 & 310 of these Regulations for failure to comply with the requirements and subject to the penalty provisions set forth.

Please make check payable to: **Treasurer of Montgomery County**

Mail Application to: **MCHD** Signature (owner): _____
364 King Street
Pottstown, PA. 19464 Date: _____

FOR DEPARTMENT USE ONLY

Check No. # _____ Dated: _____ Received by _____
Sewage Vehicle Complies with Requirements Yes No
Date Inspected _____ Environmental Health Specialist _____