



WESTCHESTER COUNTY DEPARTMENT OF HEALTH  
 BUREAU OF ENVIRONMENTAL QUALITY  
 APPLICATION FOR SEPTAGE COLLECTION PERMIT

Under the provisions of Chapter 873, Article VIII, Sections 873.723 and 873.734 of the Laws of Westchester County, NY an application is hereby made for a permit to engage in the business of removing, collecting, and transporting offensive material within the County of Westchester.

1. Type of Material: (Please check)

- Septage (i.e. contents of septic tanks, cesspools or portable toilets)
- Sewage Sludge (from publicly or privately owned sewage treatment plants)
- Other Sludge, Please describe: \_\_\_\_\_
- Other Waste Liquid, Please describe: \_\_\_\_\_

- 2. Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
- 3. Business Address: \_\_\_\_\_
- 4. Name of Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_
- 5. Federal ID # or Social Security # \_\_\_\_\_ Email \_\_\_\_\_
- 6. Address: \_\_\_\_\_
- 7. New York State Department of Environmental Conservation Registration # \_\_\_\_\_
- 8. Name(s) of Disposal Site(s): \_\_\_\_\_
- 9. Disposal Site(s) Operated By: \_\_\_\_\_
- 10. Hauling Equipment (provide information for each vehicle in operation).
- 11.

| MAKE & YEAR | BODY TYPE | VIN#  | LICENSE PLATE & STATE | CAPACITY GALLONS |
|-------------|-----------|-------|-----------------------|------------------|
| _____       | _____     | _____ | _____                 | _____            |
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Indicate below the name of the insurance carrier and the certificate number:

**WORKERS' COMPENSATION:**

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

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**DISABILITY BENEFITS:**

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

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Note: A current certificate of insurance, naming the Westchester County Department of Health, the certificate holder, is required to be submitted with this application.**

It is understood and agreed that failure to comply with the terms and conditions of the permit herein applied for, or with the provisions of the Westchester County Sanitary Code or any applicable municipal, county, state or federal ordinance, law or regulations, shall be cause for the suspension of such permit by the Commissioner, or the revocation of such permit by the Commissioner after due Notice and Hearing.

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Notary Public Stamp