



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

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APPLICATION FOR LIQUID WASTE HAULERS

BUSINESS NAME: _____ FOR YEAR: _____
BUSINESS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
FULL NAME OF OWNER: _____
OWNER ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
BUSINESS PHONE: _____ CELL PHONE: _____
EMAIL: _____ FAX: _____

Liquid Waste Hauler Permits:

Table with 4 columns: Description, Quantity, Unit, and Amount. Rows include: FIRST LIQUID WASTE VEHICLE, EACH VEHICLE AFTER THE 1ST VEHICLE, MAINTENANCE FACILITY, and TOTAL AMOUNT DUE.

TYPE OF SERVICE PROVIDED:
 Grease Septic Waste Portable Toilet
 Industrial Animal By-Products Sludge

IF DISPOSAL SITE IS ON PRIVATE LAND, PROVIDE OWNER NAME AND ADDRESS

IF STORAGE TANK/FACILITY IS USED, PROVIDE LOCATION

For our office locations call us at (888) 722-4234 or visit our website at www.rivcoeh.org



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Attach the following documents as applicable:

1. A clearance from the land development section of this Department for those permittees in Riverside County who intend to operate an intermediary storage tank located below the surface of the ground.
2. Submit a copy of the certificate of inspection from a division of weights and measures or similar agency for each vehicle listed on the vehicle information sheet.

We agree to abide by all conditions, orders, and directives issued pursuant to this permit if granted for the business listed above on the condition that the person named in the permit will comply with the laws, ordinances, and regulations that are now or may hereafter be in force by the United States government, the State of California, and the County of Riverside pertaining to the above mentioned business. I hereby certify that all entries made by or under my direction in this application are true and complete to the best of my knowledge.

SIGNATURE

DATE

TITLE

For Office Use

Date: _____ Fee \$ _____ Ck. # _____ Trans. # _____

Approved by (Title): _____

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