

ENVIRONMENTAL HEALTH

1250 Hollipark Drive Idaho Falls, ID 83401 OFFICE (208) 523-5382 FAX (208) 528-0857

APPROVAL OF SEPTAGE DISPOSAL

	Level consists name ission to
(Location name & address)	hereby grants permission to.
	for the disposal of septic
(Name & address of pumper/operator)	
tank sludge, scum, and liquid by the method marked below for (year):	-
Municipal System	
Other methods [specify - must be approved by DEQ]:	
DEQ approval: Date:Signed:	
Address/Location of disposal site:	
Date:Signed:Title (Site Owner or Agent)):
(Site Owner or Agent)	
Email of Site Owner or Agent:	
Eastern Idaho Public Health must approve each and every site, other than shown above, (Includes land application on private property (one time only).	prior to disposal.
Date: Signed:	EHS
Distribution, one copy each: Site Owner, Pumper, Health Department	