Eastern Idaho Public Health
Prevent. Promote. Protect.

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

APPROVAL OF SEPTAGE DISPOSAL

_____ hereby grants permission to:
(Location name & address)

_____ 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)

Email of Site Owner or Agent:_____

Eastern Idaho Public Health **must** approve each and every site, other than shown above, **prior** to disposal.
(Includes land application on private property (one time only).

Date:_____ Signed:_____ EHS

Distribution, one copy each: Site Owner, Pumper, Health Department