

**BUCKS COUNTY DEPARTMENT OF HEALTH**

***Application for Licensing of Sewage Transportation Vehicles***

**Pumping, Hauling or Transportation of Liquid or Solid Sewage Waste Materials**

Application is hereby made of a sewage vehicle license to operate the below described vehicle, dump trailer, or tanker within Bucks County, Commonwealth of Pennsylvania, pursuant to the applicable portions under Section 5 of the Bucks County Department of Health Rules and Regulations Governing Individual and Community On-Lot Sewage Disposal Systems and any Departmental Policies and Procedures relative thereto.

Owner of Vehicle: \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Address of Owner: \_\_\_\_\_  
PO Box/Street City/Town State Zip

Email Address: \_\_\_\_\_

Manufacturer/Make: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate No. #: \_\_\_\_\_ State of Registration \_\_\_\_\_

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 or solid sewage waste is disposed of: \_\_\_\_\_

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

The undersigned attests that the above information is correct, and understands that the license for a sewage vehicle is **not** transferable and is subject to suspension or revocation under Section 5.8 of these Regulations for failure to comply with the requirements and subject to the penalty provisions set forth.

Please make check payable to the **BUCKS COUNTY DEPARTMENT OF HEALTH**

Mail Application to: **Bucks County Department of Health**

**Neshaminy Manor Center  
1282 Almshouse Road  
Doylestown, PA 18901**

**Signature (owner):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE FOR DEPARTMENT USE ONLY**

Appropriate Fee Received  Cash  Check  Money order  
(See current fee schedule) Check No. # \_\_\_\_\_ Dated: \_\_\_\_\_ Received by \_\_\_\_\_

Sewage Vehicle Complies with Requirements Yes  NO

Date Inspected \_\_\_\_\_

Environmental Protection Specialist