



**COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT**
Division of Environmental Health
922 Bevins Court
Lakeport, CA 95453-9739
Telephone 707/ 263-1164 Fax: 707-263-1681

REGISTRATION AS A SEPTIC TANK, CESSPOOL, AND SEEPAGE PIT CLEANER

Business Name: _____

Address: _____

City _____ Zip _____ Phone No. _____

Owner's Name: _____ Phone No. _____

Business Mailing Address _____

City _____ Zip _____ Phone No. _____

Email address: _____

*Note: copies of the vehicle inspection will now be emailed to you. Please provide your email address to facilitate this new process.

Vehicle Make: _____

License No.: _____

Tank Capacity: _____

Pump Type: _____

Pursuant to The California Health and Safety Code Section 117420 your vehicles must be inspected before your permit to operate can be issued. To facilitate the permit issuance, please have all previous violations corrected.

| | | |
|--------------|-----------|------|
| | | |
| Printed Name | Signature | Date |

FOR OFFICE USE ONLY

Date Received: _____ Fee Amount: _____ Category: _____

Invoice/Receipt #: _____ Facility No.: _____ EC Input: _____