



CITY OF PLANO  
 HEALTH DEPARTMENT  
 P. O. BOX 860358  
 PLANO, TX 75086-0358  
 PHONE: 972-941-7143  
 FAX: 972-941-7142

**APPLICATION FOR  
 LIQUID WASTE TRANSPORTATION PERMIT**

BUSINESS NAME: \_\_\_\_\_ TDH REGISTRATION NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BUSINESS TELEPHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

MANAGER OF OPERATIONS: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

**PROVIDE THE FOLLOWING SPECIFIC INFORMATION ON THE VEHICLE TO BE PERMITTED**

| YEAR | MAKE | GALLONS | LICENSE<br>PLATE NO. | INSPECTED &<br>APPROVED BY | TCEQ<br>PERMIT# | VEHICLE<br>PERMIT# | AMOUNT<br>FEE |
|------|------|---------|----------------------|----------------------------|-----------------|--------------------|---------------|
|      |      |         |                      |                            |                 |                    |               |

(ATTACH PHOTOCOPY OF OPERATOR'S DRIVER LICENSE)

INDICATE LIQUID WASTE TO BE TRANSPORTED:

\_\_\_\_\_ GREASE TRAP WASTE

\_\_\_\_\_ SEPTIC TANK WASTE

\_\_\_\_\_ GRIT TRAP WASTE

\_\_\_\_\_ CHEMICAL TOILET WASTE

I, the undersigned, hereby make application to transport liquid waste in the City of Plano, Texas, and declare to accept and abide by all pertinent ordinances and regulations in the City of Plano, Texas. I understand that falsification of any information submitted in the application shall be cause for termination of the liquid waste transportation permit, and that each permit shall be renewed on an annual basis.

\_\_\_\_\_  
 SIGNATURE OF OWNER/MANAGER (DATE)

\_\_\_\_\_  
 SIGNATURE OF APPROVING AUTHORITY (DATE)

**TO BE FILLED OUT BY HEALTH SPECIALIST**

|   | YES | NO |
|---|-----|----|
| BUSINESS NAME & PERMIT NO. PERMANENTLY INSTALLED IN CONTRASTING COLOR |     |    |
| VEHICLE CLEAN & ODOR FREE   |     |    |
| VEHICLE EQUIPPED FOR SAFE OPERATION (INSPECTOR'S DISCRETION)          |     |    |
| PIPING, VALVES & CONNECTORS PERMANENTLY ATTACHED TO TANK OR VEHICLE   |     |    |
| ALL EQUIPMENT LIQUID TIGHT  |     |    |
| ALL EQUIPMENT SUITABLE FOR TYPE & AMOUNT OF WASTE HANDLED             |     |    |
| SAFETY PLUG OR CAP FOR EACH VALVE                                     |     |    |

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_