



Boise Office: 707 N. Armstrong Place
327-7499 Boise ID 83704

Mc Call Office: 703 N. 1st Street
634-7194 Mc Call ID 83638

Mountain Home Office: 520 E 8th North
587 -9225 Mountain Home ID

Septic Tank Pumper Information

All persons, firms or corporations operating any tank truck or any other device or equipment used or intended to be used for the purpose of pumping or cleaning septic tanks and/or transporting or disposing of human excrement shall conform with the following requirements.

1. The tank or transporting equipment shall be watertight and so constructed as to prevent spilling or leaking while being loaded, transported and/or unloaded.
2. The tank or transporting equipment shall be constructed in such a manner that every portion of the interior and exterior can be easily cleaned and maintained in a clean condition at all times while not in actual use
3. Disposal of excrement from septic tanks shall be by the following methods only:
 - a. Discharging to public sewer (with the permission of the municipality) (**Not to be confused with a storm drain**)
 - b. Discharging to sewage treatment plant.
 - c. Burying under earth in a location and by a method approved by the Department of Environmental Quality.
 - d. Drying in a location and by a method approved by the Department of Environmental Quality.
4. Certain information shall be located on the side of the truck:
 - a. The name of the firm, address, business phone number and capacity of the tank.
 - b. The information shall be in letters at least three (3) inches high on both sides of the truck.
 - c. The capacity of the tank should be at least 1,000 gallons.
 - d. Each tank truck shall display the permit number on the door of each vehicle with the letters four (4) inches high with a one half ($\frac{1}{2}$) inch stroke.
5. All persons operating septic tank pumping equipment shall obtain a permit from Central District Health Department (CDHD).
 - a. If the pumping business has one or more vehicles, the business will receive a permit number and each vehicle will receive its own separate permit number. The permit number of the truck will be displayed on a permanent basis.
 - b. Permits shall be renewed annually.

- c. Applications for renewal of permits shall be made on or before December 31 of each year.
- d. All permits for Septic Tank Pumper's expire on the last day of December.
- e. Every truck application requires a signature from each disposal site that will be used.
- f. An appropriate annual fee shall be paid.
- g. Before the permit will be issued, CDHD requires each vehicle to receive an annual inspection.

NOTE: In December of each year, a renewal application is sent to each Septic Tank Pumping Business whose permit status reflects Active.

6. There are also several other small pieces of equipment that should be included in the truck.
 - o Flashlight
 - o Steel Probes
 - o Manhole Sealer
 - o Bucket
 - o 50' Garden Hose
 - o Long-handled shovel
 - o Pry bar or pick
 - o Container of Quick Lime
 - o Pole, hoe or rake for scum mixing

For more information and to access the Department of Environmental Quality's Septic Tank Pumps Guidance Manual website log into:
:http://www.deq.idaho.gov/water/assist_business/septic/sewage_systems_tech_guide_full.pdf



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APPLICATION FOR PERMIT TO OPERATE SEPTIC TANK PUMPING EQUIPMENT

APPLICANT INFORMATION

Pumper Establishment Fee: \$59.00

Per Truck Fee: \$15.00

Business Name _____

Owner of Equipment No Yes Phone # _____ E-mail _____

Mailing Address _____
City State Zip

Equipment Storage Site _____

Name of Equipment Owner _____

Mailing Address _____
City State Zip

Phone# _____ E-Mail _____

Fees are due for the business entity and each truck, and are payable upon submission of this application.

A copy of each vehicle's registration must accompany this application.

Every truck application requires a signature from each disposal site that will be used.

APPROVAL OF SEWAGE DISPOSAL SITE

Name of Permitter _____

Address _____

Permission is granted to: Name _____
Address _____

For disposal of septic tank sludge by the following method: Sewage Treatment Plant Burying
 Municipal Sewer system Drying

Date ___/___/___ _____
Signature of Treatment Plant Operator

OFFICE USE ONLY	Permit # _____
<input type="checkbox"/> Copy of Vehicle Registration	Receipt # _____
<input type="checkbox"/> Disposal Site/Plant Operator signature	Amount \$ _____

