Maryland Vehicle Application and Inspection for Septage Haulers

Please complete one (1) form for each vehicle.

Company Name: ______________________________________________________________

Date: ________________________________________________________________________

Business Owner Name: _________________________________________________________

Trading As (Name Displayed on Truck): __________________________________________

Business Telephone Number: ____________________________________________________

Business Email Address: ________________________________________________________

Business Mailing Address: ______________________________________________________

Model of Vehicle: _____________________________________________________________

Vehicle Tag Number: __________________________________________________________

Vehicle Identification Number (VIN #): __________________________________________

Septage Tank Size: ____________________________________________________________

Disposal Site: □ Cecil County Landfill       □ Other (Specify): ___________________

Owner’s Signature: ____________________________________________________________

Form Updated 11.2019

Permit Number: ___________________
1. **For trucks inspected in Cecil County:**

   **THE FOLLOWING ITEMS ARE REQUIRED PRIOR TO PERMIT BEING ISSUED (see COMAR 26.04.02.09):** All signage must be PERMANENT and **cannot** be MAGNETIC. Please have the septage tank on the truck be at least half full.

   A. Is the name of the company legibly lettered at least 3 inches in height on both sides of the vehicle?
      - ☐ Yes
      - ☐ No
      - ☐ Other (write explanation in comments below)

   B. Are the words “SEWAGE ONLY” legibly lettered at least 4 inches in height on rear of vehicle?
      - ☐ Yes
      - ☐ No
      - ☐ Other (write explanation in comments below)

   C. Is the general condition of the truck clean and sanitary? (i.e. are there leaks, broken pieces, etc…)
      - ☐ Yes
      - ☐ No
      - ☐ Other (write explanation in comments below)

   D. Did they provide a copy of the registration card?
      - ☐ Yes
      - ☐ No
      - ☐ Other (write explanation in comments below)

   E. Comments:
      __________________________________________
      __________________________________________
      __________________________________________
      __________________________________________

2. **For trucks inspection in another State of Maryland County:**

   a. Truck inspection on _____________ in ________________ County.

3. **For trucks inspection by photograph:**

   a. Photographs submitted on: ______________
   b. Accepted ☐ Yes ☐ No

4. **Approved for Annual Operating Permit with following authorizing signature:**

   Permit Valid From: ______________ to ______________

   __________________________________________
   Environmental Health Specialist               Date

**Initials and date of Review: ___________________________**

*Form Updated 10/2020*