



# CECIL COUNTY HEALTH DEPARTMENT

JOHN M. BYERS HEALTH CENTER • 401 BOW STREET • ELKTON, MD 21921

PLEASE REMIT FEE OF \$40.00 APPLICATION FEE AND \$20.00 PER TRUCK WITH APPLICATION AND STATEMENT OF COMPLIANCE FORM.

LAUREN LEVY, JD, MPH, HEALTH OFFICER  
WWW.CECILCOUNTYHEALTH.ORG

Permit Number: \_\_\_\_\_

Pd \$: \_\_\_\_\_  
Rcvd: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
W/C: \_\_\_\_\_

## MARYLAND VEHICLE APPLICATION AND INSEPTION 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

### Healthy People. Healthy Community. Healthy Future.

ADMINISTRATIVE SERVICES.....410-996-5550	ENVIRONMENTAL HEALTH SERVICES.....410-996-5160
ALCOHOL AND DRUG RECOVERY CENTER.....410-996-5106	HEALTH PROMOTION.....410-996-5168
EMERGENCY PREPAREDNESS.....410-996-5113	MENTAL HEALTH AND SPECIAL POPULATIONS SERVICES.....410-996-5112
COMMUNITY HEALTH SERVICES.....410-996-5130	TTY USERS FOR DISABLED: MARYLAND RELAY.....800-201-7165
DISEASE CONTROL.....410-996-5100	EN ESPAÑOL.....410-996-5550 EXT 4680

CECIL COUNTY HEALTH DEPARTMENT TOLL FREE. . . . .877-334-9985

\*\*\*\*DO NOT COMPLETE SECTION BELOW: For Health Department Use Only\*\*\*\*

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