



Public Health Department

Joseph M. Connor, Director



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Kansas City, KS 66101

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SEPTIC TANK, CESSPOOL, TOILETS, SEWER CLEANING AND LIQUID WASTE OPERATORS' PERMIT *

Permit Number: _____

Permit Start Date: _____ Expiration Date: _____

This permit is issued in accordance with the Code of City Ordinances Chapter 30 article VI

ISSUED TO

Company Name: _____

Company Official's Name: _____ Title: _____

Address: _____ City: _____

State/ Zip: _____ Phone () _____

FOR THE FOLLOWING VEHICLE (S)

License Tag Number: _____ State: _____

Company Truck Number: _____ Year/ Make/ Model _____

Tank Capacity: _____ (Gallons)

Type of Wastewater Hauled (check all applicable)

Domestic Septic Tanks _____

Car/ Truck Wash _____

Portable Toilets _____

Waste from Chemical Process _____

Restaurant Grease Traps _____

Waste from Petroleum Process _____

REQUIREMENTS

- Must provide a \$5,000.00 bond to the City
- Must maintain a vehicle log sheet
- U G Public Health Department Annual Permit Fee of \$100.00

Permit issued by: _____ Date: _____

Wyandotte County Health Department

Driver's Signature: _____ Permit not transferable*

THIS PERMIT MUST BE IN THE TRUCK AT ALL TIMES