



Public
Health

Brynn Carrigan - DIRECTOR
Kristopher Lyon, MD - HEALTH OFFICER



KERN COUNTY ENVIRONMENTAL HEALTH PERMIT APPLICATION – RENEWAL/AMENDMENT
SEWAGE PUMPERS/GREASE PUMPERS/TOILET PUMPERS
All Changes Must Be Documented

Facility Record ID #: FA _____	☐ Information Change	Date: _____
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Health Permit Information: (Please reference current Health Permit)			
Business Name:	Current Storage Yard:		
Business Address: (Street Address)	City:	State:	Zip Code:
Mailing Address: (Street Address)	City:	State:	Zip Code:

Contact Information:		
Primary Contact Name:	Phone #:	E-mail:
Secondary Contact Name (required)	Phone #:	E-mail:

Permit Information: (Please complete Page 2 if any of the following require changes)			
Vehicle Storage Yard	Any Changes? ☐ Yes ☐ No	☐ Vehicle Storage Yard Change	☐ Updating Vehicle Storage Yard Information

Disposal Site Location(s)	Any Changes? ☐ Yes ☐ No	☐ Adding a Disposal Location	☐ Changing Disposal Location
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Vehicle Information	Any Changes? ☐ Yes ☐ No	☐ New Vehicle	☐ Information Update	☐ Remove Vehicle
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Comments: _____

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A HEALTH PERMIT CANNOT BE AMMENDED UNLESS A COMPLETE APPLICATION IS SUBMITTED. THIS INCLUDES PROVIDING THE REQUESTED ACCOMPANYING DOCUMENTATION

I hereby certify, to the best of my knowledge, that the information given on this application is true and correct. My signature indicates that I have read, understand, and agree to comply with the Terms and Conditions of Registration to Operate a Sewage Pumping/Grease Pumping/Toilet Rental Business in Kern County. Submission of falsified information on this application will be grounds for denial, revocation or suspension of registration to operate within Kern County.

The Environmental Health Division will charge an **Extended Service Fee at the current hourly rate** for permit amendment requests that require work over and above the standard scope associated with a health permit. This action is authorized under **Kern County Ordinance Section 8.04.100**, which allows the Department to recover the actual cost of services provided that are not included within the base health permit fee schedule.

Signature of Owner/Corporate Officer:	Date:		
Printed Name:	Title:		
For official use only			
Entered by:	Date:	Approved by:	Date:

Grounded in Health

2700 M St., Suite 300, Bakersfield, CA. 93301 | 661.862.8740 | www.kernpublichealth.com



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Amended Application
For Sewage Pumps/Grease Pumps/Toilet Pumps
(Please make the necessary copies)

Disposal Site Location(s)	☐ Adding a Disposal Location	☐ Changing Disposal Location	Authorization/Permit Provided:
<i>*Written authorization or permit for each disposal facility must be provided.</i>			
Disposal site:	Physical Address:	City:	☐ Yes ☐ No
Disposal site:	Physical Address:	City:	☐ Yes ☐ No

Vehicle Storage Yard	☐ Vehicle Storage Yard Change	☐ Updating Vehicle Storage Yard Information	
Is/are the vehicle(s) being stored in Kern County? ☐ Yes ☐ No	<i>*If your property is located in Kern County and you do not own the property, the Vehicle Storage Yard Approval form must be completed and submitted with your application package.</i>		
Storage Address:			
City:	State:	Zip Code:	
Are you the Owner of the property? ☐ Yes ☐ No	APN:	Planning Zone:	Planning Department Approval:

Vehicle Information	☐ New Vehicle	☐ Information Update	☐ Remove Vehicle
KCEH PR #:	☐ Toilet Rental Pumper	☐ Sewage Pumper	☐ Grease Pumper
Vehicle Make & Type:	Year:	License Plate:	Unit #:
KCEH Decal #:	Waste Gallons:	Fresh Gallons:	CDFA Grease Permit #:
Storage Yard Address:			
City:	State:	Zip:	

Vehicle Information	☐ New Vehicle	☐ Information Update	☐ Remove Vehicle
KCEH PR #:	☐ Toilet Rental Pumper	☐ Sewage Pumper	☐ Grease Pumper
Vehicle Make & Type:	Year:	License Plate:	Unit #:
KCEH Decal #:	Waste Gallons:	Fresh Gallons:	CDFA Grease Permit #:
Storage Yard Address:			
City:	State:	Zip:	

Vehicle Information	☐ New Vehicle	☐ Information Update	☐ Remove Vehicle
KCEH PR #:	☐ Toilet Rental Pumper	☐ Sewage Pumper	☐ Grease Pumper
Vehicle Make & Type:	Year:	License Plate:	Unit #:
KCEH Decal #:	Waste Gallons:	Fresh Gallons:	CDFA Grease Permit #:
Storage Yard Address:			
City:	State:	Zip:	

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