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**COUNTY OF KINGS**

**DEPARTMENT OF PUBLIC HEALTH**

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**SEPTAGE DISPOSAL FACILITY AUTHORIZATION**

This is to certify that \_\_\_\_\_ is authorized to use this wastewater  
(Septage Pumper Name)

treatment facility for the disposal of pumpings from (check boxes below as appropriate):

Septic Tanks  Chemical Toilets  Cesspools   
Sewage Seepage Pits  Other (describe)  \_\_\_\_\_

_____	_____	_____
Wastewater Treatment Facility Name	Wastewater Treatment Facility Street Address	City
_____	_____	_____
Authorized Wastewater Treatment Facility Representative	Title	Business Phone No.
_____	_____	
Signature of Wastewater Treatment Facility Representative	Date Signed	

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