**Reno County Health Department**
209 W 2nd Hutchinson KS 67501
Phone: 620-694-2900 Fax: 620-694-2901

# Sanitary Service Contractor Application

Type of Application: ☐ Initial ☐ Renewal

License Number _____ Year of License _____

**Company:** _____ **Address:** _____

**Contact Person:** _____ **Mailing Address:** _____

**Phone:** _____ **Fax:** _____

**Email:** _____ **Notification Preference:** ☐ Mail ☐ Phone ☐ Fax ☐ Email

Other Licenses / Permits Issued From Other Counties / States:

_____

_____

_____

_____

**This license is for the hauling, transportation and disposal of domestic septage only.**

I give Reno County Health Department permission to list my contact info on the Reno County Licensed Wastewater Contractors & Haulers List given to county residents; which is also available online.

☐ Accept ☐ Decline

_____ _____
Owner / Representative's Signature Date

I understand by typing my name and submitting this form, I am electronically signing this document.

**For Official Use Only:**

Disposal Plan Reviewed? ☐ Yes ☐ No

Disposal Plan Adequate? ☐ Yes ☐ No

Disposal Plan On File? ☐ Yes ☐ No

Deficiencies To Be Corrected:

_____

_____

_____

_____

Inspection per Unit: $35.00
Yearly License: $35.00

Total: $ _____.00

**Fees Paid On This Date:** _____

_____ _____
Inspector's Signature Date