



**Reno County Health Department**  
 209 W 2nd Hutchinson KS 67501  
 Phone: 620-694-2900 Fax: 620-665-8883

## 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

**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