



MONTEREY COUNTY HEALTH DEPARTMENT

DIVISION OF ENVIRONMENTAL HEALTH

AGRICULTURAL FIELD TOILET PROGRAM APPLICATION

Company Name: _____ Business Phone: _____

Supervisor/Foreman Name: _____ Contact Phone #: _____

Contact Person at the time of inspection. _____ Cell Phone #: _____

Name of Owner: _____ Owner's Phone: _____

Billing Address: _____ E-mail Address: _____

City: _____ State: _____ Zip: _____

Location of Storage Yards

Address: _____ City: _____

Address: _____ City: _____

Address: _____ City: _____

Total number of toilets that will be operating in Monterey County: _____

New! List any preferred days and times available for inspection: _____ Month _____

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____

Liquid Waste Disposal

Name of permitted liquid waste hauler: _____

Health permit number(s): _____

Frequency of liquid waste disposal: _____ Account # of disposal company: _____

Solid Waste Disposal Yard disposal Other: _____

Signature of Owner/Applicant _____ **Date:** _____

Maintain waste disposal and maintenance records on site for review during annual inspections.

Office Use Only

New Permit
 Existing Permit
 Closure

Environmental Health Specialist Instructions to Clerical: _____

Inspector Signature: _____ Date: _____

Confirmed by Clerical: _____ Date: _____

Payment Amt: \$ _____ Receipt #: _____ Received by: _____

Date: _____ Facility ID: _____

How many units is a unit?



= 1 unit



= 2 units



= 3 units