

MERCED COUNTY DEPARTMENT OF PUBLIC HEALTH, DIVISION OF ENVIRONMENTAL HEALTH



260 E. 15th Street, Merced, CA 95341  
 Phone (209) 381-1100 FAX(209) 384-1593

APPLICATION FOR SLUDGE MANAGEMENT PLAN APPROVAL		
NAME OF APPLICANT:	PHONE:	FAX:
ADDRESS:	CITY:	STATE/ZIP
LOCAL MANAGER/RESPONSIBLE OFFICE PERSONELL:	PHONE:	MOBILE/CELL PHONE:
MAILING ADDRESS:	CITY:	STATE/ZIP
TYPE OF ORGANIZATION: <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> GOVERNMENT AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> COMPANY <input type="checkbox"/> BUSINESS <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER		

NAMES, HOME ADDRESSES AND PERCENTAGE OF OWNERSHIP OF ALL OWNERS AND OFFICERS (OWNERSHIP INTREST INFORMATION NEED NOT BE PROVIDED IF LESS THAN 1%)		
NAME	ADDRESS	PERCENTAGE

INSURANCE INFORMATION (ATTACH CERTIFICATES OF INSURANCE AND FULL COPY OF EACH POLICY)			
TYPE/INSURANCE	CARRIER	POLICY #	EXPIRES
GENERAL LIABILITY (\$1,000,000 MIN.)			
WORKERS COMPENSATION			
AUTO LIABILITY (\$1,000,000 MIN.)			
POLLUTION CONTROL (\$1,000,000 MIN.)			

INSURANCE INFORMATION (ATTACH CERTIFICATES OF INSURANCE AND A FULL COPY OF EACH POLICY)
<b>BOND: APPLICANT SHAL PROVIDE A FULL COPY OF A CORPORATE SURETY BOND AS SECURITY FOR PERFORMANCE UNDER THE SITE SITE PERMIT, A CERTIFICATE FROM THE SURETY SHOWING THAT THE BOND PREMIUMS HAVE BEEN PAID IN FULL SHALL ACCOMPANY THE BOND. THE SURETY ON THE BOND SHALL BE A COMPANY ACCEPTABLE TO THE COUNTY AND AUTHORIZED TO DO BUSINESS IN THE STATE OF CALIFORNIA.</b>

Office Use:
FEES\$ _____ CHECK # _____  <input type="checkbox"/> APPROVAL <input type="checkbox"/> DIS-APPROVAL <input type="checkbox"/> INCOMPLETE DATE _____                      DATE _____                      DATE _____  SIGNATURE _____                      DATE _____