



County of Yolo

COMMUNITY SERVICES DEPARTMENT

Environmental Health Division
 292 W. Beamer Street, Woodland, CA 95695
 PHONE - (530) 666-8646 FAX - (530) 669-1448

BIOSOLIDS PERMIT APPLICATION

FACILITY NAME

FACILITY NUMBER

FACILITY LOCATION

APN(S)

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>EMAIL</u>
APPLICANT	_____			

Type of Organization Corporation Partnership Sole proprietorship Joint Venture Trust

NAMES OF OFFICERS _____

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>EMAIL</u>
LANDOWNER	_____			
LESSEE	_____			
APPLICATOR	_____			
LOCAL MGR.	_____			
ALT. CONTACT	_____			

CROPS

CURRENTLY GROWN/ACREAGE: _____

PROPOSED/ACREAGE: _____

	<u>INSURANCE PROVIDER</u>	<u>POLICY NO.</u>	<u>EFFECTIVE DATE</u>	<u>EXP. DATE</u>
WORKER'S COMP.				
GENERAL LIABILITY				
POLLUTION LIABILITY				
AUTO LIABILITY				

NAME AND ADDRESS OF ALL ADJOINING LANDOWNERS

NORTH:
SOUTH:
EAST:
WEST:

CERTIFICATION: The information contained in this Biosolids Application is true and correct to the best of my knowledge. I acknowledge that the use of this property may be impacted by the application of biosolids.

Applicant Signature _____ Date _____

Landowner Signature _____ Date _____

"Enhancing the quality of life for all of Yolo County"