



### Registration for Water Haulers

Registration is hereby made for water hauler in: \_\_\_\_\_ County, WV.

1. Company: \_\_\_\_\_ Address: \_\_\_\_\_
2. Owner / Operator: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_
3. County(s) where customers will be located: \_\_\_\_\_
4. Vehicles: Total Number of Vehicles: \_\_\_\_\_ Carrier Tanks: \_\_\_\_\_
  - a. License Numbers: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
  - b. All vehicles and carrier tanks marked with Company or Owner/Operator's name: ☐ Yes ☐ No
5. Carrier Tanks:
  - a. Capacity: Tank 1: \_\_\_\_\_, Tank 2 \_\_\_\_\_, Tank 3 \_\_\_\_\_, Tank 4 \_\_\_\_\_
  - b. Watertight: ☐ Yes ☐ No Fully Enclosed: ☐ Yes ☐ No
  - c. Filled by: ☐ Gravity ☐ Motor Driven Pump
  - d. Emptied by: ☐ Gravity Flow ☐ Motor Driven Pump
  - e. "DRINKING WATER ONLY" Marked On Tank: ☐ Yes ☐ No
  - f. Caps provided for valves and hoses: ☐ Yes ☐ No
  - g. Pump is self-priming: ☐ Yes ☐ No ☐ N/A
  - h. Hoses in good condition, approved construction (NSFpw): ☐ Yes ☐ No
6. All equipment maintained in good condition: ☐ Yes ☐ No
7. Water Source:
  - a. ☐ Public Water Source collected at the water treatment plant.
  - b. ☐ Public Water Source collected at \_\_\_\_\_.

NOTE: Written permission secured from a responsible official of the entity owning or operating the water supplying facility. A copy of the document granting authorization to use the facility will accompany this application form.

Date: \_\_\_\_\_ Signature of Applicant/Agent: \_\_\_\_\_

### **FOR HEALTH DEPARTMENT USE ONLY**

Inspection conducted on: \_\_\_\_\_ By: \_\_\_\_\_  
Registration Completed: ☐ Yes ☐ No Date: \_\_\_\_\_ Number: \_\_\_\_\_  
☐ Registration Suspended: Date: \_\_\_\_\_ ☐ Registration Revoked: Date: \_\_\_\_\_  
☐ Registration Denied: Date: \_\_\_\_\_ Reason(s) \_\_\_\_\_