 **APPLICATION FOR A PERMIT TO TREAT SEPTAGE**

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| **1. APPLICANT INFORMATION (Please Print)** |
| Name of Applicant  | Name of Business  | DEQ License No.:       ***or*** [ ]  New Applicant |
| Business Address  | City  | State  | Zip  |
| Mailing Address       | City  | State  | Zip  |
| Phone No. ()- |
| **2. TREATMENT FACILITY SITE INFORMATION**  |
| Owner’s Name (If Different)  | Owner’s Phone No. (   )- | Alternate Phone No. ()- |
| Owner’s Mailing Address  | City  | State  | Zip  |
| Site Address  | City  | State  | Zip  |
| Legal Description of Site  |   /4   /4   /4  | Section       | Township  | Range  | County  |
|  |  |  |
| **3. ANSWER “YES” OR “NO” TO THE FOLLOWING QUESTIONS:** |
| Yes No |
| [ ]  [ ]  | Is the site located in a 100-year flood plain as documented by the Federal Emergency Management Agency? |
| [ ]  [ ]  | Is the treatment facility located fifty feet (50’) from the nearest property line? |
| [ ]  [ ]  | Are there any public water supply wells within three hundred feet (300’) of the treatment facility boundaries? |
| [ ]  [ ]  | Are there any occupied residences within three hundred feet (300’) of the treatment facility? |
| [ ]  [ ]  | Are there any private water supply wells or surface waters (i.e. lakes, rivers, streams, intermittent streams, wetlands, or ponds) within 100 feet of the treatment facility boundaries? |
| [ ]  [ ]  | Are there any potable water supply lines within five feet (5’) of the treatment facility? |
| **4. CHECKLIST OF REQUIRED ATTACHMENTS (Not required for renewals if there are no changes)** |
| [ ]   | **DETAILED PLAN**: A detailed description of the treatment process including documentation that the process produces effluent that meets 252:645-7-2(f)(1) and a site drawing showing: (a) the location of the treatment facility on the property, and (b) property lines,  |
| [ ]   | **PROOF OF OWNERSHIP**:File stamped deed, title, contract for deed or lease. |

I,

(Print or Type Name of Applicant)

do hereby attest that the information contained herein is factual, accurate and truthful to the best of my knowledge. I further attest that I will not accept any waste at this site other than septage from licensed septage pumpers and transporters. I further attest that no industrial waste, oil field waste or car wash waste will be treated at this site. I understand that treatment of any of the above-listed unauthorized waste at this site will jeopardize my permit status.

Signature Date

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| **DEQ USE ONLY** |
|  |  | **Date** | **Local ES Initials** |
| **ADMINISTRATIVE REVIEW:** | Complete |  |  |
|  | Incomplete—Returned to Applicant  |  |  |
| **TECHNICAL REVIEW:** | Compliance—Recommend Approval |  |  |
|  | Rejected—Returned to Applicant |  |  |