 **APPLICATION FOR A PERMIT TO TREAT SEPTAGE**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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

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