



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER BUREAU

**INITIAL APPLICATION FOR SITE PERMIT
TO LAND APPLY SEPTAGE WASTE**

Required under Part 117 of Act 451, Public Acts of 1994, as amended

Failure to comply may result in fines and/or imprisonment.

Allow 4 to 6 weeks for processing.

www.michigan.gov/deqseptage

PART I. REGISTRATION APPLICATION

PLEASE PRINT OR TYPE

BUSINESS NAME

DEQ LICENSE NUMBER

STREET ADDRESS

CITY

COUNTY

STATE

ZIP CODE

I hereby agree to comply with all provisions of Part 117, Septage Waste Servicers, Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA), with regard to the land application of septic tank wastes to the following described property:

SIGNATURE OF HAULER

DATE

PART II. PROPERTY DESCRIPTION - COMPLETE ALL INFORMATION

SITE AREA: _____ AVAILABLE ACRES _____ USABLE ACRES

LOCATION: COUNTY: _____ TOWNSHIP: _____

LATITUDE: _____ LONGITUDE: _____ 1/4 _____ 1/4 Section _____ Town _____ Range _____

STREET ADDRESS

CITY

ZIP CODE

PART III. LAND OWNER'S AGREEMENT (to be filled out by legal land owner only)

In accordance with Part 117 NREPA, permission is hereby granted to the above named licensed septic tank cleaner for the purpose of land application of septic tank wastes on the property described above. This agreement must be renewed at the same time as the hauler's business license. This agreement is subject to termination by the land owner upon ten (10) days written notice to the hauler and the Department of Environmental Quality.

LAND OWNER'S ADDRESS

CITY

ZIP CODE

LAND OWNER'S NAME(S) (PRINT)

LAND OWNER'S TELEPHONE NUMBER

DATE

LAND OWNER'S SIGNATURE(S) (ALL LAND OWNERS IS REQUIRED)

Attach a check or money order for \$500 for this new land site.

Make check payable to: State of Michigan
Mail completed application and payment to:

MI DEPT OF ENVIRONMENTAL QUALITY
CASHIER'S OFFICE-WB-SEP1
PO BOX 30657
LANSING MI 48909-8157

DEQ CASHIER USE ONLY: 37000-44105-9087

PART IV. SEPTAGE WASTE DISPOSAL SITE INFORMATION – For further information see the Guidance Manual For The Land Application Of Septage Waste found on the Septage Program Website at www.michigan.gov/deqseptage under “Downloads.”

<p>1. Include the name, address, and phone number of the manager* of the land (Use the space to the right).</p> <p style="text-align: center;">→ → → → → → →</p> <p>*Managers: Septage firm, land owner, and/or other person that incorporates, grows, or harvests crops from the land.</p>	
<p>2. Attach both an aerial photo and maps from a plat book identifying the site and disposal location(s). Include a scale site drawing showing the exact disposal location(s)</p>	<p>3. Attach a copy of the letter sent and the names and addresses of adjacent land owners (or would be adjacent except for a road), local health department, clerk of the city, village, or township of those notified in your land application.</p>
<p>4. Attach a copy of the soil fertility test results for each site and the location(s) on that site. Include a copy of your calculations used to determine the agronomic application rates (AAR) using the following formula:</p> $\text{AAR (gallons/acres/year)} = \frac{\text{Pounds Nitrogen Required for Crop Yield}}{0.0026}$	<p>5. Will you pump food establishment septage?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach a detailed description how the waste is managed and how it is disposed. Include cadmium and PCB test results.</p>
<p>6. How will the septage waste be disposed?</p> <p><input type="checkbox"/> Surface application <input type="checkbox"/> Injection</p>	<p>7. Attach a copy of your cropping plan and vector attraction reduction and pathogen reduction methods using forms provided by the DEQ.</p>
<p>8. Will you be applying septage to land in winter?</p> <p>Attach form EQP 5931 Winter Plan for Land Application of Septage Waste.</p>	<p>9. Do you plan to store septage waste?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>See Septage Storage Facility Guidelines Document at website address listed above.</p>

FOR DEQ USE ONLY

DEQ Authorization – sign and date:	
<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>