



**MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER BUREAU**

**ORIGINAL APPLICATION FOR LICENSE
TO HAUL WATER FOR DRINKING OR
HOUSEHOLD PURPOSES IN ACCORDANCE
WITH ACT 1976 PA 399**

**COMPLETION OF THIS APPLICATION IS
MANDATORY TO OBTAIN A WATER
HAULING LICENSE.**

APPLICANT – DO NOT WRITE IN THIS SPACE
HAULER LICENSE NO. _____ DATE ISSUED _____

APPLICATION REVIEWED BY: _____

PLEASE TYPE OR PRINT IN INK. COMPLETE ALL SECTIONS AND SIGN

1. NAME OF BUSINESS		
2. NAME OF OWNER/FIRM REPRESENTATIVE		TITLE/POSITION
3. BUSINESS ADDRESS	CITY	STATE
4. BUSINESS TELEPHONE (AREA CODE & NUMBER)	COUNTY	ZIP
5. LIST MICHIGAN COUNTIES SERVED		
6. SOURCE OF WATER TO BE HAULED MUNICIPAL _____ WELL _____ OTHER - _____		7. NAME (IF MUNICIPAL)
8. OWNER OF SOURCE(S)		9. ADDRESS OF SOURCE(S)
10. LIST CUSTOMERS WHICH ARE <u>NOT</u> PRIVATE RESIDENCES		
ESTABLISHMENT NAME	STREET ADDRESS	CITY OR TOWNSHIP
A.		
B.		
C.		
D.		
E.		
F.		

