



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
Office of Drinking Water and Municipal Assistance  
**RENEWAL APPLICATION FOR LICENSE  
TO REMOVE AND TRANSPORT SEPTAGE WASTE**  
Required under Part 117 of Act 451, Public Acts of 1994, as amended  
www.michigan.gov/deqseptage

<b>DEQ USE ONLY</b>
COUNTY
LICENSE NO.
DATE ISSUED

PLEASE PRINT OR TYPE

Please allow 4 to 6 weeks for processing

BUSINESS NAME	E-MAIL ADDRESS
BUSINESS TELEPHONE NO./FAX NO	HOME TELEPHONE NO.
FED I.D. OR DRIVER'S LICENSE	OWNER'S NAME (Be sure to list all owners/partners)
STREET ADDRESS	STREET ADDRESS
CITY COUNTY STATE ZIP CODE	CITY COUNTY STATE ZIP CODE

NAME OF CONTINUING SEPTAGE EDUCATION (CSE) RESPONSIBLE AGENT (CAN ONLY BE ONE):

INSURANCE COMPANY	ADDRESS
<b>LIST INFORMATION FOR ALL VEHICLES ON PAGE 2</b>	
NUMBER OF SEPTAGE WASTE VEHICLE(S)	Vehicles (list on back of form)

SEPTAGE WASTE SERVICER ATTACHMENT INFORMATION	
1. Attach written proof of satisfaction of the CSE requirements if not previously submitted. Thirty (30) CSEs are required for a renewal license application.	2. Attach written approval from all receiving facilities used to dispose of septage waste.
3. Attach form EQP 5958 SEP1 Renewal Application For Site Permit To Land Apply Septage Waste for all land sites currently approved by the Department of Natural Resources and Environment.	

FOR WASTEWATER TREATMENT PLANT (WWTP) SUPERINTENDENTS ONLY	
IF SEPTAGE WASTES ARE HAULED TO A MUNICIPAL TREATMENT LOCATION OR OTHER RECEIVING FACILITY, COMPLETE THIS SECTION OR ATTACH SEPARATE DOCUMENTATION, AS NEEDED, FOR EACH WWTP.	
I agree that the above applicant may dispose of septage wastes at the _____ wastewater treatment plant and that a fee may be charged for that disposal.	
WWTP Superintendent's Signature	Date:

MAIL COMPLETED APPLICATION TO:  Michigan Department of Environmental Quality Office of Drinking Water and Municipal Assistance Environmental Health Section Environmental Health Programs Unit Septage Program P.O. Box 30241 Lansing, Michigan 48909-7741
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**DO NOT SEND FEES WITH THIS APPLICATION**

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 Page 2 of 2

**VEHICLE DESCRIPTIONS**

Provide the information for each existing vehicle requesting licensure to transport septage waste. Tank trailer units require licenses. State license plates for these vehicles must be for the calendar year that this application covers. (Use additional sheets if necessary.)

State License Plate No.	Make-Model-Year	Vehicle identification No.	Tank Capacity (gallons)	Vehicle Seal No. For DEQ Use Only

I, the undersigned, swear and affirm that the statements contained herein are true and correct and that the removal, transporting, and disposal of septage wastes shall be done in accordance with the requirements of Part 117, Septage Waste Servicers, Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA).

Further, I understand that failure to comply with the requirements of Part 117 NREPA may result in revocation of permits(s), criminal, and/or civil action.

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Do not send fees with this application, you will be invoiced at a later date. Be sure all requested information is returned with this application. Return all paperwork to the address listed on the front of this application **three (3) months prior to your expiration date.**

**FOR DEQ USE ONLY**

**DEQ Authorization – sign and date:**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date