



**INITIAL APPLICATION FOR LICENSE TO REMOVE  
AND TRANSPORT SEPTAGE TANK WASTE**

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

[Michigan.gov/EGLESeptage](http://Michigan.gov/EGLESeptage)

**FOR EGLE USE ONLY**

COUNTY

LICENSE NO.

DATE ISSUED

**PLEASE PRINT OR TYPE**

Please allow 4 to 6 weeks for processing

Business Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Vehicle(s) Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Responsible Agent: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

**APPLICATION AND ATTACHED FEE IS FOR OPERATORS AND/OR LICENSE(S) INDICATED  
LIST ALL VEHICLES ON PAGE 2**

Septage Waste Servicing License Fee

\$200

Septage Waste Vehicle(s) Fee

\$350 X # of vehicles = \$

**OR**

Septage Waste Vehicle(s) Fee  
for servicers that land apply septage waste

\$480 X # of vehicles = \$

TOTAL DUE:

\$

**ADDITIONAL SEPTAGE WASTE HAULER INFORMATION**

1. Attach written proof of satisfaction of the continuing septage education requirements (i.e. copies of certificates, letters, etc.).

2. Attach written approval from **all** receiving facilities used to dispose of septage waste.

3. Attach form EQP5837 Initial Application For Site Permit To Land Apply Septage Waste for all land sites intended for your use to land apply septage.

**SEPTAGE WASTE HAULER ATTACHMENTS**

**FOR WASTEWATER TREATMENT PLANT (WWTP) SUPERINTENDENTS ONLY**

Septic tank wastes are hauled to a municipal treatment location or other receiving facility, complete this section, **OR** attach separate documentation, as needed.

I agree that the above applicant may dispose of septic tank wastes at the wastewater treatment plant and that a fee may be charged for that disposal.

WWTP Superintendent's Signature

Date

**Make check payable to: STATE OF MICHIGAN**

*Mail completed application and payment to:*

Michigan Department of Environment, Great Lakes, and Energy  
Cashier's Office – 33000 45730 9087  
P.O. Box 30657  
Lansing, Michigan 48909-8157

EGLE CASHIER USE ONLY: 33000 45730 9087

**VEHICLE DESCRIPTIONS**

Provide the information for each vehicle requesting licensure to haul septic waste. Tank trailer units require licenses. State license plates for these vehicles must be for the calendar year that this application covers.

State License Plate No.	Make-Model-Year	Vehicle Identification No.	Tank Capacity (gallons)	New Decal No. (Leave Blank)

I, the undersigned, swear and affirm that the statements contained herein are true and correct and that the removal, transporting, and disposal of septic 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) and criminal and/or civil action.

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

\_\_\_\_\_  
Date

If you need this information in an alternate format, contact [EGLE-Accessibility@Michigan.gov](mailto:EGLE-Accessibility@Michigan.gov) or call 800-662-9278.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.