



**Michigan Department of Environmental Quality
Office of Drinking Water and Municipal Assistance**

Continuing Septage Education Reimbursement Request

Form must be completed and submitted by the septage firm owner to request a reimbursement for continuing septage education as required under Part 117, Septage Waste Servicers, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.

REIMBURSEMENT INFORMATION

BUSINESS NAME		FEDERAL ID	
MAILING ADDRESS		CITY	STATE ZIP
DEQ SEPTAGE LICENSE NUMBER	COUNTY	DAYTIME PHONE NO.	

COURSE INFORMATION

NAME OF RESPONSIBLE AGENT WHO ATTENDED COURSE (PRINT NAME)		
COURSE ATTENDED	COURSE LOCATION	COURSE DATE
COURSE PRESENTER(S)		
COURSE FEE AMOUNT TO BE REIMBURSED \$ COURSE FEE ONLY – NO ADDITIONAL COSTS WILL BE REIMBURSED		

SEPTAGE FIRM OWNER: _____ *(signature)* **DATE:** _____

PRINT NAME: _____ *(printed name for signature above)*

SUBMIT FOLLOWING PAPERWORK:

- **COMPLETED FORM EQP 5918**
- **RECEIPT OF COURSE PAYMENT**
- **PROOF OF COURSE COMPLETION (Certificate or Letter from Course)**

TO:

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF DRINKING WATER AND MUNICIPAL ASSISTANCE
ENVIRONMENTAL HEALTH SECTION
ENVIRONMENTAL HEALTH PROGRAMS UNIT
SEPTAGE WASTE PROGRAM
PO BOX 30241
LANSING, MI 48909-7741

DEQ USE ONLY:	
ODWMA APPROVAL _____ <i>(SIGNATURE)</i>	DATE: _____