



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Drinking Water and Environmental Health Division

APPLICATION FOR LICENSE TO HAUL WATER FOR DRINKING OR HOUSEHOLD PURPOSES

In accordance with Act 399 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:

Contact Information 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 7. NAME (IF MUNICIPAL)
8. OWNER OF SOURCE(S) 9. ADDRESS OF SOURCE(S)

10. LIST CUSTOMERS WHICH ARE NOT PRIVATE RESIDENCES
Table with 3 columns: ESTABLISHMENT NAME, STREET ADDRESS, CITY OR TOWNSHIP

**New Transportation Tanks:** Complete a Section for Each Unlicensed Tank in Operation

11. DO NOT WRITE IN THIS SPACE » » » » » » » » License No. \_\_\_\_\_

A. Tank Capacity \_\_\_\_\_ Gallons  
 B. Materials (stainless steel, plastic, etc.) \_\_\_\_\_

*COMPLETE ONLY ONE OF QUESTIONS C, D, or E*

C. Truck Mounted  Yes    Truck Make \_\_\_\_\_    Year \_\_\_\_\_    D. Trailer Mounted  Yes  
 E. Other  Description \_\_\_\_\_

12. DO NOT WRITE IN THIS SPACE » » » » » » » » License No. \_\_\_\_\_

A. Tank Capacity \_\_\_\_\_ Gallons  
 B. Materials (stainless steel, plastic, etc.) \_\_\_\_\_

*COMPLETE ONLY ONE OF QUESTIONS C, D, or E*

C. Truck Mounted  Yes    Truck Make \_\_\_\_\_    Year \_\_\_\_\_    D. Trailer Mounted  Yes  
 E. Other  Description \_\_\_\_\_

13. DO NOT WRITE IN THIS SPACE » » » » » » » » License No. \_\_\_\_\_

A. Tank Capacity \_\_\_\_\_ Gallons  
 B. Materials (stainless steel, plastic, etc.) \_\_\_\_\_

*COMPLETE ONLY ONE OF QUESTIONS C, D, or E*

C. Truck Mounted  Yes    Truck Make \_\_\_\_\_    Year \_\_\_\_\_    D. Trailer Mounted  Yes  
 E. Other  Description \_\_\_\_\_

If additional tanks are being operated, use page 2 of an additional application form.



Michigan Department of Environment, Great Lakes, and Energy  
 Drinking Water and Environmental Health Division  
 EHS – Noncommunity Water Supplies Unit  
 P.O. Box 30817  
 Lansing, Michigan 48909-8311

**Applicant's Statement:**

I certify that all information provided in this application is true and complete and that the transport or bulk water for drinking and household purposes will be done in accordance with Act 1976 PA 399.

\_\_\_\_\_  
 Signature (authorized representative)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title (i.e., president, owner, other)

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