



**SEPTAGE WASTE
EDUCATION AND TRAINING PROGRAMS
APPROVAL APPLICATION**

Authority: Act 451, P.A. 1994

Michigan Department of Environmental Quality
Office of Drinking Water and Municipal Assistance
P.O. Box 30241
Lansing, MI 48909-7741
Internet Address: <http://www.michigan.gov/deqseptage>

DO NOT WRITE IN THIS BOX

Approved: Yes [] No []

Approval Date: _____

Approved By: _____

Contact Hours _____

REQUIRED STANDARDS- For approval, the following standards must be met for each Educational and/or Training Program.

1. Training must, upon approval, relate to the duty, responsibility, operation, maintenance, or supervision of septage waste servicing business septage waste treatment or on-site wastewater treatment.
2. A teaching outline or agenda showing the duration of each program segment must be submitted.
3. Instructors must be identified in advance or concurrently with this application.
4. Submit the application at least 60 days prior to the date the course will be offered.

Application Date

Applicants will be notified of the status of their application within 60 days after receipt. If the course is approved a record of training activity must be provided as identified in the approval letter.

I. APPLICANT INFORMATION

Firm or Company Name	Contact Person	Telephone Number
E-mail Address	Website	Fax Number
Mailing Address	City	State
		Zip

II. PROGRAM INFORMATION - Submit the following information on each educational or training program for which approval is desired. Reference to attachments may be noted in the appropriate space.

Failure to complete this application will result in nonapproval of the requested training program.

1.			
Program Name			
Location Address	City	State	Zip
Dates and Time of Program			
2. Is this course offered online? _____ If Yes, provide link to access the course. _____			
3. Program Description: Include how this training relates to the duties, responsibilities, operation, maintenance, or supervision of a septage waste servicing business, septage waste treatment, or on-site wastewater treatment and disposal.			
4. List the instructional materials used in the program. _____			
5. What is the number of contact hours, excluding breaks, lunch, etc., required to conduct program? _____			
6. How is attendance monitored and verified? _____			
7. What will be the criteria or performance measurement used to determine a participant's successful program completion? (Check any or all that apply)			
<input type="checkbox"/> Attend and participate in each session. <input type="checkbox"/> Pass a program ending quiz or exam <input type="checkbox"/> Satisfactorily perform a learned technique or skill. <input type="checkbox"/> Other _____			

III. INSTRUCTOR INFORMATION

1. Names and Titles of Instructors _____ _____ _____ _____ _____ _____ _____
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The Michigan Department of Environmental Quality (MDEQ) will not discriminate against any individual or group on the basis of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. Questions or concerns should be directed to the MDEQ Office of Personnel Services, PO Box 30473, Lansing, MI 48909.