



**INITIAL APPLICATION FOR SITE PERMIT
TO LAND APPLY SEPTAGE WASTE**

*Required under Part 117 of Act 451, Public Acts of 1994, as amended.
Failure to comply may result in fines and/or imprisonment.*

Allow 4 to 6 weeks for processing.
Michigan.gov/EGLESeptage

PART I. REGISTRATION APPLICATION

PLEASE PRINT OR TYPE

Business Name				EGLE License Number	
Street Number	City	County	State	Zip Code	

I hereby agree to comply with all provisions of Part 117, Septage Waste Servicers, Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA), with regard to the land application of septage waste to the following described property:

Signature of Hauler	Date
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PART II. PROPERTY DESCRIPTION – COMPLETE ALL INFORMATION

Property Tax ID Number: _____

Total Parcel Acreage: _____ Available and Usable Acres for Land Applied Septage: _____

Location County: _____ Township: _____

Latitude: _____ Longitude: _____ 1/4 – 1/4 _____ 1/4 _____ Section _____ Town _____ Range _____

Street Address	City	Zip Code
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(If there is no known street address, indicate approximate distance from the nearest intersection.)

PART III. LAND OWNER'S AGREEMENT (to be filled out by legal land owner only)

In accordance with Part 117 NREPA, permission is hereby granted to the above named licensed septage waste servicer (hauler) for the purpose of land application of septage waste on the property described above. This agreement must be renewed at the same time as the hauler's business license. This agreement is subject to termination by the landowner upon ten (10) days written notice to the hauler and the Department of Environment, Great Lakes, and Energy.

Land Owner's Address	City	Zip Code	Land Owner's Name(s)	(Print)
Land Owner's Telephone Number	Date	Land Owner's Signature(s)	(All Land Owners are Required)	

Attach a check or money order in the amount of \$500.00 for this new land site.

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

PART IV. SEPTAGE WASTE DISPOSAL SITE INFORMATION – *It is strongly recommended that you read applicable chapters in the Guidance Manual for the Land Application of Septage Waste before completing this form. The Guidance Manual can be found in the Septage Program Website at Michigan.gov/EGLESeptage.*

*Responses provided in this form will be reviewed by EGLE and the Local Health Department where applicable as part of the process for a site permit. **This land site should not be used for septage waste application until it is authorized by EGLE.** Respond to all items within each category as applicable. Please note that some questions may require that you submit the item or an explanation of why an item is not submitted. Attach all required items listed above item #1.*

Checklist of Items that Must be Attached to this Application to be Complete	
<input type="checkbox"/> <i>Plat Map showing names of parcel owners</i> <input type="checkbox"/> <i>Property Tax ID Number and Map showing current parcel owners</i> <input type="checkbox"/> <i>Aerial Map</i> <input type="checkbox"/> <i>Soil Map and Description</i> <input type="checkbox"/> <i>Land Site Plan (proposed) drawn to scale</i>	<input type="checkbox"/> <i>Copies of Notice of Application sent to:</i> > <i>Parcel/Lot Owners (Names and Addresses)</i> > <i>Clerk</i> > <i>Local Health Department</i> <input type="checkbox"/> <i>Cropping Plan Form (Completed)</i> <input type="checkbox"/> <i>Current Soil Fertility Test Report for each field</i>
Resources: County Assessor, Google Maps, County Soil Survey Maps, Soil Testing Laboratories, etc.	
Land Site Management Practices	
1	Method of septage waste application: (<i>Check all that apply</i>) <input type="checkbox"/> Surface <input type="checkbox"/> Injection
2	What was the primary use of this land prior to this initial application? (<i>Check all that apply</i>) <input type="checkbox"/> Agricultural Crop Farm <input type="checkbox"/> Septage Waste <input type="checkbox"/> Biosolids <input type="checkbox"/> Forest <input type="checkbox"/> Other: _____
3	Who will perform the following practices at this proposed land site? (<i>Check all that apply</i>): Apply septage waste: <input type="checkbox"/> Hauler <input type="checkbox"/> Land Owner <input type="checkbox"/> Other _____ Incorporate septage waste (if applicable): <input type="checkbox"/> Hauler <input type="checkbox"/> Land Owner <input type="checkbox"/> Other _____ Grow and harvest crops: <input type="checkbox"/> Hauler <input type="checkbox"/> Land Owner <input type="checkbox"/> Other _____
4	Corners or boundaries of each proposed disposal location or field must be clearly marked prior to site evaluation by EGLE or local health department. Indicate method (<i>Check all that apply</i>) <input type="checkbox"/> Posts <input type="checkbox"/> Stakes <input type="checkbox"/> Orange Cones <input type="checkbox"/> Signs <input type="checkbox"/> Vegetation <input type="checkbox"/> Other: _____
5	Are there existing agricultural drainage tiles at this proposed land site? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes", attach a copy of a diagram showing where the drainage tiles are installed at the land site and the location of the main discharge outlet.</i>
6	The method(s) of restricted public access to be used at the land site when authorized: (<i>Check all that apply</i>) (Sec. 11710.[g][iii]) <input type="checkbox"/> Legible Sign(s) Posted <input type="checkbox"/> Remoteness of Site <input type="checkbox"/> Fencing <input type="checkbox"/> Other _____
7	Will animals whose products are consumed by humans be allowed to graze on the site? (Sec.11710.[g][iii]) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>[See grazing restrictions in United States Environmental Protection Agency (USEPA 40 CFR - Part 503)].</i>
8	Will crops be grown for direct human consumption where contacts between the septage waste and the edible portion of the crops are possible? (Sec. 11710.[h]) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Also see crop restrictions in USEPA 40 CFR - Part 503.) (If "Yes", attach explanation about septage waste treatment to reduce pathogens prior to land application.)</i>
Septage Waste Screening or Grinding	
9	Indicate type of septage waste screen or grinder. (<i>Check all that apply</i>) <input type="checkbox"/> 1/2 inch or less mesh or particle size <input type="checkbox"/> Slats 3/8 inch or less <input type="checkbox"/> Grinder size 1/2 inch or less in diameter
10	Where will the screening device be kept? <input type="checkbox"/> Land Site <input type="checkbox"/> Business Office <input type="checkbox"/> Other: _____

Land Application of Septage Waste in Winter Months	
11	Will septage waste be land applied during winter months? (December 21 – March 31) <input type="checkbox"/> Yes <input type="checkbox"/> No
12	If "Yes", have you attached form EQP5931 Winter Plan for Land Application of Septage Waste? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Food Establishment Waste	
13	Will the septage firm land apply food establishment septage (FES) to this site/location? <input type="checkbox"/> Yes <input type="checkbox"/> No
14	If "Yes", explain how you will blend the FES and domestic septage to achieve the 1:3 ratio (i.e. 1 part FES to 3 parts of domestic septage.) (Sec. 11710. [jj]). <hr/> <hr/> <p><i>(Note: Keep a record book to track land application of FES especially if septage waste storage facility (SWSF) is not used by hauler.)</i></p>
Septage Waste Storage	
15	Do you plan to use a Septage Waste Storage Facility (SWSF) to assist in proper land site management at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see the requirements in the SWSF Management Practices document at: Michigan.gov/EGLESeptage
16	If "Yes", have you obtained approval from EGLE of the storage facility as required? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Business Owner: _____
(Print)

Signature: _____

FOR EGLE USE ONLY

EGLE Authorization – sign and date:	
<hr style="border: none; border-top: 1px solid black;"/> Signature	<hr style="border: none; border-top: 1px solid black;"/> Date