

**APPLICATION FOR A PERMIT TO OPERATE A SEPTAGE MANAGEMENT FACILITY
(NON-PUMPER - \$200 FEE PER FACILITY)**

DIVISION OF WASTE MANAGEMENT - SOLID WASTE SECTION
1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

(1.) Facility name: _____

Street address of office _____

Mailing address (if different) _____

County _____

(2.) Facility owner's name _____

Mailing address _____

Phone: _____ Email: _____

(3.) Facility operator's name _____ Facility operator's title _____

Mailing address _____

Phone _____ Email: _____

(4.) Type(s) of septage managed (check all that apply)

Domestic _____ Portable Toilet Waste _____ Grease (restaurant) _____

Treatment Plant _____ Industrial/Commercial _____

(5.) Facility Types: Check all that are applicable and provide the permit numbers.

a) Septage land application site _____

b) Boat pump-out storage _____

c) Septage storage tanks _____

d) Septage treatment _____

e) Grease treatment _____

(6.) Name and Permit Number of all permitted Septage Management Firms using facility:

(1) _____

(2) _____

(3) _____

(Use additional sheets if necessary)

Certification Statement

I certify that the information and representations in this application for a permit are true, complete, and accurate to the best of my knowledge and belief. I am aware that a permit may be suspended or revoked upon a finding that its issuance was based upon incorrect or inadequate information that materially affected the decision to issue the permit and that there are criminal penalties for knowingly making a false statement, representation, or certification.

Signature*

Date

Print Name

Title

***Signature of company official required.**