

APPLICATION FOR PERMIT TO OPERATE A SEPTAGE MANAGEMENT FIRM

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

(1) Firm name: *(The "Firm name" must be exactly as it is shown on your vehicle(s)).*

 Street address of office: _____
 City: _____ State: _____ Zip: _____
 Mailing address (if different): _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-Mail: _____
 County: _____ Septage Management Firm permit number: NCS # _____

(2) Firm owner's name: _____

Mailing address (if different): _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

(3) Firm operator's name: _____ Firm operator's title: _____

Mailing address (if different): _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

(4) Type(s) of septage pumped: **Write in the number of gallons pumped in last 12 Months** (Example: Domestic: 50,000).

Domestic	Portable Toilet Waste	Grease (Restaurant)	Treatment Plant	Industrial/Commercial

(5) N.C. Counties of Operation: _____

(List each county you are authorized to do business in)

(6) Total Number of Pumper Vehicles Operated: _____

Number used for: Domestic Septage: _____ Grease (restaurant): _____

Other: _____ Portable Toilet Waste: _____

Vehicle Information: (use additional paper if needed)

	License Tag #	Vehicle Identification #	Tank Capacity
1			
2			
3			
4			
5			

APPLICATION CONTINUED ON PAGE 2

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(CONTINUED FROM PAGE 1)

(7.) Septage Disposal Method: (check one)

a) Approved wastewater treatment plant: () yes () no. If yes, submit Wastewater Treatment Authorization for each plant, as indicated in Subparagraph .0833(c)(14) of the Septage Management Rules.

b) Septage Land Application Site (SLAS) Permit Numbers: (use additional sheets if needed)
SLAS#: _____ Expiration Date: _____ SLAS#: _____ Expiration Date: _____

c) Septage Detention or Treatment Facility (SDTF) Permit Numbers: (use additional sheets if needed)
SDTF#: _____ Expiration Date: _____ SDTF#: _____ Expiration Date: _____

(8.) Septage Management Firm Operator Training Completed:

Date: _____ Location: _____ Hours: _____
Training Sponsored or Provided by: _____

(9.) Septage Land Application Site Operator Training Completed:

Date: _____ Location: _____ Hours: _____
Training Sponsored or Provided by: _____

(10.) Registration type requested: CHECK ONE

Registered Portable Sanitation Firm: _____
Registered Septage Management Firm: _____
Registered Portable Sanitation and Septage Management Firm: _____

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 (Signature of company official required)

Date

Print Name

Title

Other Comments: