

# RENEWAL Permit Application (Pumpers)

## Septage Management Firm - NC DEQ Solid Waste Section

Applications will not be processed unless the application is complete and appropriate fee is sent in.

1 Vehicle- \$800, 2 Vehicles- \$950, 3 Vehicles or more- \$1500

Mail Completed Application Package to:

DIVISION OF WASTE MANAGEMENT - SOLID WASTE SECTION

1646 MAIL SERVICE CENTER,

RALEIGH, NC 27699-1646

(1.) Septage Management Firm permit number: NCS # \_\_\_\_\_

(2.) 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: \_\_\_\_\_

(3.) Firm owner's name: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(4.) Firm operator's name: \_\_\_\_\_ Firm operator's title: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(5.) 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

(6.) N.C. Counties of Operation: \_\_\_\_\_

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

(7.) Total Number of Pumper Vehicles Operated: \_\_\_\_\_ If more than 5 vehicles, put all vehicles on additional paper:

	License Tag #	Vehicle Identification #	Tank Capacity	Domestic Septage	Portable Toilet	Grease	Other
1							
2							
3							
4							
5							

# APPLICATION FOR PERMIT TO OPERATE A SEPTAGE MANAGEMENT FIRM

(8.) Do you plan to operate pumper vehicles? (check one) yes  no

If you checked yes above, you must attest to the following statement before a permit may be issued.

"I certify, under penalty of law, that the pumper vehicle or vehicles listed in the submitted permit application meets the requirements for safe and sanitary transportation of septage as required by 15A NCAC 13B .0835(a) and vehicle lettering as required by 15A NCAC .0835(b). Furthermore, I also certify that a log is maintained of each septage pumping event as required by 15A NCAC 13B .0836(a). I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment."

Do you attest to the statement above? Initial: \_\_\_\_\_ Date: \_\_\_\_\_

(9.) 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 .0834(c)(14) of the Septage Management Rules.

b) Septage Land Application Site (SLAS) Permit Numbers: (use additional sheets if needed)  
SLAS#: \_\_\_\_\_ SLAS#: \_\_\_\_\_ SLAS#: \_\_\_\_\_ SLAS#: \_\_\_\_\_

c) Septage Detention or Treatment Facility (SDTF) Permit Numbers: (use additional sheets if needed)  
SDTF#: \_\_\_\_\_ SDTF#: \_\_\_\_\_ SDTF#: \_\_\_\_\_ SDTF#: \_\_\_\_\_

(10.) Septage Management Firm Operator Training Completed:

Date: \_\_\_\_\_

Training Sponsored or Provided by: \_\_\_\_\_

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

Date: \_\_\_\_\_

Training Sponsored or Provided by: \_\_\_\_\_

(12.) Completed Application Checklist:

Make sure you have attached every item on the list below to have a completed application and to avoid a late fee.

Fully Completed Application

Invoice Payment(Online or check mailed)

WWTP Disposal Authorization Forms

Training Certificate(Optional but recommended)

## 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: