

**RENEWAL (Non-Pumper)**  
**Septage Management Firm - NC DEQ Solid Waste Section**  
**\$500 FEE PER FACILITY-Mail Completed Application Package to:**  
**DIVISION OF WASTE MANAGEMENT - SOLID WASTE SECTION**  
**1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646**

(1.) NCS #: \_\_\_\_\_

(2.) Facility name: \_\_\_\_\_  
Street address of office: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

County: \_\_\_\_\_

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

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Domestic: \_\_\_\_\_ Portable Toilet Waste: \_\_\_\_\_ Grease (restaurant): \_\_\_\_\_  
Treatment Plant: \_\_\_\_\_ Industrial/Commercial: \_\_\_\_\_

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

Septage land application site - SDTF-# \_\_\_\_\_  
Boat pump-out storage - SDTF-# \_\_\_\_\_  
Septage storage tanks - SDTF-# \_\_\_\_\_  
Septage treatment - SDTF-# \_\_\_\_\_  
Grease treatment - SDTF-# \_\_\_\_\_

(7.) 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.