

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: _____

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)

(8.) Septage Land Application Site Operator Training Completed: _____ Date: _____

Training Sponsored or Provided by: _____

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.

Print Name

Title

Signature*

Date

*Signature of company official required.