



IOWA DEPARTMENT OF NATURAL RESOURCES  
APPLICATION FOR

**COMMERCIAL SEPTIC TANK CLEANER**  
**Annual License period July 1 – June 30**

New License

Renewal ST- \_\_\_\_\_  
Last years license number

**No fee should accompany this form. An invoice will be sent upon approval of the waste management plan.**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

County Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Number of Vehicles: \_\_\_\_\_ (List vehicle information on back of form.)

**A Waste Management Plan must accompany this application and include:**

1. Est. Total Volume of Septage to be pumped annually (July 1 to June 30): \_\_\_\_\_ Gallons
2. \*Volume of Septage to be land spread: \_\_\_\_\_ Gallons

I understand that violations of any of the provisions of 567 IAC Chapter 68 may lead to revocation of the license. I hereby certify that this application contains no willful misrepresentations or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, my license will be revoked, and I will be disqualified from applying in the future for any license or certification under the jurisdiction of the Iowa Department of Natural Resources.

\_\_\_\_\_  
(Printed name of person signing)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of owner or responsible party)

*Return Application To: (Do not send any fee at this time)*  
**IOWA DEPARTMENT OF NATURAL RESOURCES**  
Wastewater Operations Section  
502 E. 9<sup>th</sup> St.  
DES MOINES, IOWA 50319-0034

**VEHICLE INFORMATION: (List vehicles below)**

**(1) Vehicle Identification Number (VIN)** \_\_\_\_\_

**Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Year** \_\_\_\_\_

**License Plate Number** \_\_\_\_\_ **State** \_\_\_\_\_

**Tank Capacity** \_\_\_\_\_ **Gallons**

**(2) Vehicle Identification Number (VIN)** \_\_\_\_\_

**Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Year** \_\_\_\_\_

**License Plate Number** \_\_\_\_\_ **State** \_\_\_\_\_

**Tank Capacity** \_\_\_\_\_ **Gallons**

**(3) Vehicle Identification Number (VIN)** \_\_\_\_\_

**Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Year** \_\_\_\_\_

**License Plate Number** \_\_\_\_\_ **State** \_\_\_\_\_

**Tank Capacity** \_\_\_\_\_ **Gallons**

**(4) Vehicle Identification Number (VIN)** \_\_\_\_\_

**Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Year** \_\_\_\_\_

**License Plate Number** \_\_\_\_\_ **State** \_\_\_\_\_

**Tank Capacity** \_\_\_\_\_ **Gallons**

**(5) Vehicle Identification Number (VIN)** \_\_\_\_\_

**Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Year** \_\_\_\_\_

**License Plate Number** \_\_\_\_\_ **State** \_\_\_\_\_

**Tank Capacity** \_\_\_\_\_ **Gallons**

**(6) Vehicle Identification Number (VIN)** \_\_\_\_\_

**Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Year** \_\_\_\_\_

**License Plate Number** \_\_\_\_\_ **State** \_\_\_\_\_

**Tank Capacity** \_\_\_\_\_ **Gallons**

**Additional vehicles must be put on another form.**

**Iowa Department of Natural Resources**  
**Commercial Septic Tank Pumper Licensing**  
**Waste Management Plan**  
Annual License period July 1 - June 30

This waste management form is for the annual period from July 1 to June 30 when this license will expire. All calculations should be based on that annual period.

1. Attach records from previous years work (estimates for this application will be made from these records.)
2. Volume of septage to be collected from private sewage disposal facilities:  
\_\_\_\_\_ gallons
3. Volume of septage estimated to be taken to all permitted Publicly Owned Wastewater Treatment Works: (Should = total of a – d below.) \_\_\_\_\_ gallons
4. List POTWs to be used and estimated volume per facility:
  - a. Site \_\_\_\_\_ Volume \_\_\_\_\_ gallons
  - b. Site \_\_\_\_\_ Volume \_\_\_\_\_ gallons
  - c. Site \_\_\_\_\_ Volume \_\_\_\_\_ gallons
  - d. Site \_\_\_\_\_ Volume \_\_\_\_\_ gallons
5. Attach letters of acceptance from each POTW
6. Total volume of septage to be land spread: \_\_\_\_\_ gallons
7. Site location for all sites where septage is to be land applied and amount to be applied: (Should = volume of a – f below.)
  - a. Site \_\_\_\_\_ Amount \_\_\_\_\_ gallons
  - b. Site \_\_\_\_\_ Amount \_\_\_\_\_ gallons
  - c. Site \_\_\_\_\_ Amount \_\_\_\_\_ gallons
  - d. Site \_\_\_\_\_ Amount \_\_\_\_\_ gallons
  - e. Site \_\_\_\_\_ Amount \_\_\_\_\_ gallons
  - f. Estimated volume to be spread on owners land: \_\_\_\_\_ gallons
8. The gallons in 6. plus the gallons from 3. should equal the gallons in 2.
9. Attach a site record log form for each site outlining the cropping proposals.
10. Where the form does not allow adequate space, please attach addition pages.
11. Modifications to the disposal sites, both public and private, on this plan require the submission of an amended plan.

Signature of Licensee: \_\_\_\_\_

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

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

