



**IOWA DEPARTMENT OF NATURAL RESOURCES
APPLICATION FOR
COMMERCIAL SEPTIC TANK CLEANER
Annual License Period July 1st – June 30th**

[] New License

[] Renewal ST- _____
(Last year's license number)

Business Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

County: _____ **Telephone Number:** _____

Number of Vehicles: _____

(Any device, including trailers, used to transport a tank for collecting or applying septage)

Septage includes all waste pumped from septic tanks, holding tanks and portable toilets. Iowa code requires that septage to be taken to a Wastewater Treatment Plant or land applied according to 567, chapter 68. (Note: Portable toilet and holding tank septage cannot be land applied).

Using previous yearly totals, estimate the amount of septage that will be pumped from July 1st to June 30th and fill in the following information:

a. Amount of septage that will be taken to a Wastewater Treatment Plant: _____ gallons

b. Amount of septage that will be Land Applied: _____ gallons

Total Volume of Septage that will be pumped (Add together items a and b): _____ gallons

Use these numbers for the Waste Management Plan on page 2.

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.

(Signature of owner or responsible party)

(Date)

(Printed name)

(Title)

Iowa Department of Natural Resources Commercial Septic Tank Pumper Licensing Waste Management Plan

All calculations and estimates should be based on the annual period of July 1st to June 30th.

1. Attach records from previous years work (estimates for this application will be made from these records.)
2. List each Wastewater Treatment Facility that will be used and the amount of septage that will be disposed there. **A letter of acceptance from the owner of each facility must be included with this application.**

a. Site _____ Volume _____gallons

b. Site _____ Volume _____gallons

c. Site _____ Volume _____gallons

d. Site _____ Volume _____gallons

Total volume of septage that will be taken to a Wastewater Treatment Plant: _____gallons

3. List each site where septage will be land-applied. **Attach a separate site record sheet for each site.** (A record sheet is not needed for septage spread on a septic owner's property.)

a. Site _____ Amount _____gallons

b. Site _____ Amount _____gallons

c. Site _____ Amount _____gallons

d. Site _____ Amount _____gallons

e. Site _____ Amount _____gallons

f. Volume to be spread on septic owner's land: _____gallons

Total volume of septage that will be land-applied: _____gallons

4. Total volume of septage that will be pumped this annual period: _____gallons

5. Where the form does not allow adequate space, please attach additional pages.

6. During the licensed annual period, any modifications or changes to the disposal sites, both public and private, will require the submission of an amended Waste Management Plan.

Signature of Licensee: _____

Date: _____

Printed name: _____

Title: _____

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**

Add pages as needed for additional vehicles.

