



**IOWA DEPARTMENT OF NATURAL RESOURCES**  
**COMMERCIAL SEPTIC TANK CLEANER - NEW APPLICATION**  
 Annual License Period July 1 - June 30

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

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

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

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Number of Vehicles\*:** \_\_\_\_\_ **County:** \_\_\_\_\_

(\*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. Septage must be taken to a Disposal Facility (wastewater treatment plant (WWTP), permitted wastewater disposal system, permitted septage lagoon or septage drying bed, or permitted sanitary landfill) or land applied in accordance with 567 IAC Chapter 68.

**Note: Holding tank and portable toilet septage cannot be land applied.**

**Septage Disposal Management Plan**

Enter the amount of septage that you anticipate disposing of during the next year (July 1 to June 30).

**Disposal Facilities**

List each Disposal Facility (WWTP, permitted wastewater disposal system, permitted septage lagoon or septage drying bed, or permitted sanitary landfill) and the amount of septage that you anticipate disposing of at the facility. **A letter of acceptance from the owner of each facility must be included with this application.**

#	Disposal Facility/WWTP Name	Letter Attached	Volume of Septage Disposed of in Gallons
1		<input type="checkbox"/>	
2		<input type="checkbox"/>	
3		<input type="checkbox"/>	
4		<input type="checkbox"/>	
5		<input type="checkbox"/>	
<b>Sum - Total taken to a Disposal Facility/WWTP:</b>			

**Land Application Sites**

List each site where you anticipate that septage will be land applied.

#	Site Name	County	Volume of Septage Disposed of in Gallons
1			
2			
3			
4			
5			
Volume spread on private sewage disposal system (PSDS) owners' property:			
<b>Sum - Total Volume of Septage Land Applied:</b>			

Attach additional pages if you need more space.

**Vehicle Information**

#	Vehicle Id Number (VIN)	Make	Model	Year	Tank Capacity (gallons)	License Plate Number	State
1							
2							
3							
4							
5							
6							
7							

Attach additional pages if you need more space.

**Septage Disposal Totals and Fee Calculation**

New license fees are \$150 per year for the first registered vehicle and \$50 for each additional vehicle. If you will land apply any septage during this fiscal year (July 1 - June 30), there is an additional prorated fee of \$300 (\$25 per month).

#	Disposal Method	Volume/Count	Fee Amount		Fee Totals
1	Total taken to a Disposal Facility/WWTP (from Disposal Facilities table)		no fee		NA
2	Total volume of septage to be land applied (from Land Application Sites table)		Months left in fiscal year (number)*:		x \$25.00 =
3	First Vehicle	1			x \$150.00 =
4	Number of Additional Vehicles				x \$50.00 =
<b>Total Annual Fee (Sum of lines 2, 3, and 4):</b>					

\*The number of months left in the fiscal year is the count of the months remaining until July. For example, if you submit this application in October, there would be 8 months remaining until the following July.

You must determine your total annual fee amount and submit a check for that amount with this application, payable to the Iowa Department of Natural Resources. Upon receipt of this signed application and the correct fee, you will be issued a Commercial Septic Tank Cleaner license.

**Certification:** 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)**

<b>Mail to:</b> Onsite Wastewater Program 6200 Park Ave Ste 200 Des Moines IA 50321	<b>CASHIERS' USE ONLY</b>	
	0947-542-SEPT-0421	
	License #	
	Name	

You must also submit this form to the county board of health in each county where septage will be land applied. This form is ONLY for license renewal; a separate form is required for adding or removing sites or vehicles.