



IOWA DEPARTMENT OF NATURAL RESOURCES
COMMERCIAL SEPTIC TANK CLEANER - ALTERATION FORM

Annual License Period July 1 - June 30

This form is NOT an application for a CSTC License. Complete this form when there is a change in the ownership or address of a licensed Commercial Septic Tank Cleaner (CSTC) business, or when updates are needed for the disposal facilities, land application sites, or vehicles in the approved Septic Disposal Management Plan.

Business Owner or Address Change

License Number ST- _____ This is an Ownership change Address change

Current (old) Business Information

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____ County: _____

NEW Business Information

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____ County: _____

Date of Ownership or Address Change: _____

Septage Disposal Management Plan

In this table, enter the amount of septage you anticipate disposing of during the remainder of the current year (July 1 - June 30). Do NOT include information on existing disposal facilities or land application sites.

New Disposal Facilities

List each **NEW** Disposal Facility (WWTP, permitted wastewater disposal system, permitted septage lagoon or 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 new 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"/>	
Sum - Total taken to a Disposal Facility/WWTP:			

New Land Application Sites

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

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

**Vehicle Information
New Vehicles (Additional)**

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

Old Vehicles (No Longer in Use)

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

Attach additional pages if you need more space.

Alteration Fee Calculation

The alteration fee is \$50 per vehicle. There are no fees associated with a business owner or address change or the addition of new disposal sites. **If you are adding one or more land application sites and you have NOT previously land applied septage, there is an additional prorated fee of \$300 (\$25 per month during the remaining portion of the fiscal year, July 1 to June 30). If you are already land applying septage, this fee does not apply.**

#	Disposal Method	Volume/Count	Fee Amount	Fee Totals
1	Number of vehicles Added		x \$50.00 =	
3	First Land Application (applies when licensee has NOT previously had ANY land application sites)		Months left in fiscal year (number)*: x \$25.00 =	
Total Alteration Fee (Sum of lines 1 and 3):				

*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 alteration fee amount and submit a check for that amount with this form, payable to the Iowa Department of Natural Resources.

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)

Mail to: Onsite Wastewater Program 6200 Park Ave Ste 200 Des Moines IA 50321	CASHIERS' USE ONLY	
	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.