



Septage Hauler Permit Application

2777 State Road
Ypsilanti, Mi 48198-9112
Telephone No.: 734.484.4600
Fax No.: 734.544.7149

FOR YCUA COMPLIANCE DEPARTMENT USE ONLY

Inspector: _____

COMPANY NAME: _____ CITY: _____

Date received: _____ Amount Paid: \$ _____ Receipt # _____ Permit #: _____

DATE: _____

General Information

1. Permittee Name: _____

2. Business Name: _____

3. Business Phone Numbers: _____

4. Business Address: _____

5. Mailing Address: _____

6. MDEQ SWQD Business License Number:
(Attach Current Copy of Certificate) _____

7. Business License Expiration Date: _____

8. Complete the following table for: Septic Hauling Vehicle(s) Description Including Vehicle Name, Registration, Tank Capacity And License Plate Number (Attach current copy of MDEQ Application For License To Remove And Transport Septic Tank Waste along with a copy of current MDEQ Vehicle License)

NAME:	YEAR/MODEL:	TANK CAPACITY:	LICENSE PLATE NUMBER:	REGISTRATION NUMBER:

9. Type of waste hauled: _____

10. Vehicle Insurance Carrier: _____

11. Insurance Policy Number: _____

12. Insurance Policy Expiration Date: _____

Authorized Representative Statement:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name

Title

Signature

Date

Forward completed application to:

Industrial Pretreatment Program Supervisor
Ypsilanti Community Utilities Authority
2777 State Rd.
Ypsilanti, MI 48198