



**SEPTIC TANK, CESSPOOL, AND PRIVY CLEANER
2012 LICENSE RENEWAL APPLICATION FORM**

Please provide your business contact information in Section 1. Please also specify the location of your business operation records.

You must also complete Sections 2 through 4. Please refer to the enclosed instructions to complete your application. Incomplete forms will be returned to the applicant and the renewal will not be processed until completed forms have been submitted.

WARNING: *You may not operate your business UNTIL your 2012 license has been issued. There is no grace period for license renewals, only for the assessment of late fees. Please renew your license early to ensure compliance. Otherwise, you may risk license denial.*

SECTION 1: APPLICANT INFORMATION

| | | | |
|--|--|-------------|---------|
| Applicant full legal name: (ARM 17.50.803(1)(a)): | Name of Business/Organization as filed or registered with the Montana Secretary of State Office (ARM 17.50.803(1)(a)): | | |
| | Business Federal Tax ID Number: | | |
| Physical Business Address: | City: | State: | Zip: |
| Mailing Address (If different from physical business address): | City: | State: | Zip: |
| County: | Phone Number: | Fax Number: | E-Mail: |

Location of Business Operation Records (If the location of operator records change during the license year, you must provide notification in writing to DEQ):

SECTION 2: COUNTIES WHERE SEPTAGE WILL BE COLLECTED

List all counties where you conduct business:

Have you added new counties since your 2011 license was issued? Yes No

If yes, which ones:

OVER

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STP License #:

Business Name:

SECTION 3: DISPOSAL SITE/DISPOSAL METHOD/WASTE TYPE INFORMATION

(NOTE – You must complete a separate Section 3 for EACH approved disposal site. Therefore, if you have more than one approved disposal site, please make additional copies of this page as necessary.)

Disposal Site Name/Site Owner Name (full legal name or business name):

| | | | | |
|---|----------|-----------|--------|---------|
| Site Legal Description (to nearest 1/4 section): /4 | Section: | Township: | Range: | County: |
|---|----------|-----------|--------|---------|

For Department Use ONLY – Lat/Long

Site Physical Address or Directions to the Site:

| | | | |
|----------------------------------|-------|--------|------|
| Property Owner Physical Address: | City: | State: | Zip: |
|----------------------------------|-------|--------|------|

| | | | |
|--------------------------------|-------|--------|------|
| Property Owner Mailing Address | City: | State: | Zip: |
|--------------------------------|-------|--------|------|

Property Owner Phone Number:

| METHOD OF DISPOSAL: (Check all that apply) | Was this site used for septage disposal during the previous year? | | Total acreage available for application: | Total acreage proposed for this year: | Number of acres used for disposal during the previous year: |
|---|---|--------------------------|--|---------------------------------------|---|
| | YES | NO | | | |
| <input type="checkbox"/> Wastewater Treatment Facility | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| <input type="checkbox"/> Septage Processor or Composter | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| <input type="checkbox"/> Licensed Class II Landfill | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| <input type="checkbox"/> Land Application Site | <input type="checkbox"/> | <input type="checkbox"/> | | | |

| WASTE CATEGORY: (Check all that apply) | Volume of pumpings applied at this site during the <u>previous year</u> : | Estimated total gallons during new license year: |
|--|---|--|
| <input type="checkbox"/> Septage | | |
| <input type="checkbox"/> Portable Toilet/Vault Toilet Type Waste | | |
| <input type="checkbox"/> Grease Trap Waste | | |
| <input type="checkbox"/> Sump Pumpings (specify type below) | | |
| <input type="checkbox"/> Automatic Car Wash Bay Sump | | |
| <input type="checkbox"/> Attended Car Wash Bay Sump | | |
| <input type="checkbox"/> Unattended Car Wash Bay Sump | | |
| <input type="checkbox"/> Other Sump (specify type) _____ | | |
| <input type="checkbox"/> Graywater | | |

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SECTION 4: APPLICANT CERTIFICATION - OWNER SIGNATURE

In signing this application form, I certify that the above information is true and correct and, that as the applicant named above, I shall conduct the business of cleaning septic tanks, cesspools, or privies and disposing of septage in accordance with the laws and rules of the state of Montana.

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____

TITLE: _____