



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 #: _____

Directions: Complete all sections of the form. Attach additional information if needed. Please contact the YCUA with any questions regarding the information requested. Failure to properly complete this form may result in the issuance of permit being delayed.

Section A - General Information

1. Company Name: _____ Web site: _____
2. Doing Business As (dba) (if different from above): _____
3. Business/Mailing Address: _____ ZIP: _____
4. Phone (Main): _____ Fax Number: _____
5. Facility Contact - Name: _____ Title: _____
 Phone: _____ Mobile: _____ Email: _____

Section B – Septage Hauling Information

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, tank capacity, license plate number, and registration number. **Attach a current copy of your 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: _____

Section C – Certification

Municipal Code requires that permit applications, and any other reports required by the Director shall be signed by an Executive Officer of the business filing the application. Such Executive Officer shall be at least of the level of Vice President, General Partner, President, or an individual responsible for the overall operation of the facility applying for the Permit, or meet the Federal requirements for NPDES applications as contained in Title 40 of the Code of Federal Regulations.

"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 fine or imprisonment for knowing violations."

CERTIFIED BY:

Name (Please Print) Title

Signature Date

Forward completed application to:

Ypsilanti Community Utilities Authority
Compliance Department
2777 State Rd.
Ypsilanti, MI 48198