



APPLICATION FOR SEPTAGE MANAGEMENT BUSINESS PERMIT

State Form 50399 (R5 / 11-21)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Office of Land Quality, Solid Waste Permits Section Mail Code 65-45

100 N. Senate Ave. Room N1101
Indianapolis, IN 46204-2251

Toll-free Telephone: (800) 451-6027, extension 2-4473 Direct

Telephone: (317) 232-4473

Mail to: Septage@IDEM.IN.gov

- INSTRUCTIONS:**
- For a new permit, this form must be completed, signed, dated, and submitted to IDEM prior to the proposed commencement of operation.
 - For renewal of an existing permit, this form must be completed, signed, dated, and submitted to IDEM prior to the expiration date of the existing permit.
 - Complete all **REQUIRED** Fields (*). Use the **Submit Form** button to draft an e-mail to submit the application. Please attach all letters granting disposal approval (Section II.) before sending the e-mail.
 - Additional application forms found at http://www.in.gov/idem/5157.htm#olq_septage
 - A fee is not required for Business Permits.

I. GENERAL INFORMATION		Pursuant to IC 13-18-12 and 327 IAC 7.1					
<input type="checkbox"/> New*	<input type="checkbox"/> Renew*	Permit Number (if renewal):		<input type="checkbox"/> Pumping, Transportation and Disposal	<input type="checkbox"/> Land Application <input type="checkbox"/> Storage / Treatment		
Type of Septage: (Mark all that are applicable.)		<input type="checkbox"/> Domestic Septage	<input type="checkbox"/> Chemical Toilets	<input type="checkbox"/> Grease			
		<input type="checkbox"/> Materials other than Septage:					
PERMITTEE INFORMATION							
Permittee*			The <u>permittee</u> is the legal entity responsible for the permit and must be an individual person or legal entity (for example, corporation, LLC or partnership) licensed with the Indiana Secretary of State. Any legal entity listed must exactly match the spelling and punctuation listed by the Indiana Secretary of State.				
INBiz Business ID (optional for legal entities)							
Business Name*			The <u>business name</u> is the name used on all trucks, advertising, and receipts. The business name can be the same as the permittee but is not required to be.				
Business Telephone*			The <u>business phone</u> is the phone number used on all trucks, advertising, and receipts.				
PHYSICAL LOCATION							
Address (number and street) *							
City*		State*		ZIP*		County*	
CONTACT INFORMATION							
E-mail* (for correspondence)							
Cell Phone (if different than business telephone)							
Mailing Address (number and street) (if different than physical location)							
City		State		ZIP		County	
Applicant Name or Responsible Authorized Representative							
Facility Contact and Title (if different than above)							
II. DISPOSAL OPTIONS							
IDENTIFY DISPOSAL FACILITIES							
You must submit a letter from each disposal location granting you approval to dispose of septage. The approval letter should be less than one (1) year old. If possible, the approval should grant written permission for a period of three (3) years. The permit or renewal will not be issued without submittal of at least one disposal letter, though we request you submit all disposal letters for our records. Attach the letters to the application submission e-mail.							
Name*							
E-mail*							
Address (number and street)*							
City*		State*		ZIP*			
Name							
E-mail							
Address (number and street)							
City		State		ZIP			

Name				
E-mail				
Address (number and street)				
City		State		ZIP
Name				
E-mail				
Address (number and street)				
City		State		ZIP

III. DISCLOSURE STATEMENT*		Date Occurred (month, day, year)	
1. Has the applicant been convicted of a crime under IC 13 (Environment) or IC 36-9-30-35 (Solid waste collection and disposal violations)?*	<input type="checkbox"/> Yes		<input type="checkbox"/> No
2. Has the applicant's previous permit to operate been revoked under IC 13-15-7 (Revocation or Modification of Permits for Cause)?*	<input type="checkbox"/> Yes		<input type="checkbox"/> No
3. Does the applicant have a history of one (1) or more violations of IC 13 (Environment) or rules promulgated by authority of IC 13?*	<input type="checkbox"/> Yes		<input type="checkbox"/> No
4. Has the applicant been subject to one (1) or more administrative or judicial enforcement actions concerning septage management under 327 IAC 7.1 (Wastewater Management) previously 327 IAC 7?*	<input type="checkbox"/> Yes		<input type="checkbox"/> No
5. Is the applicant subject to one (1) or more pending administrative or judicial enforcement actions commenced under IC 13 (Environment)?*	<input type="checkbox"/> Yes		<input type="checkbox"/> No

If you answered yes to any of the above, please give an explanation for each: _____

IV. CERTIFICATION	
I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-18-12-6 and 6.5, IC 13-30-10, and IC 13-15-7-1(3), that the statements and representations in this application are true, accurate, and complete.	
SIGNATURE*	DATE SIGNED (month, day, year)*
PRINTED NAME AND OFFICIAL TITLE (print or type)*	
<p><i>This application must be signed by the applicant / responsible authorized representative for the legal entity applying for the permit. The responsible authorized representative must be a listed member of the legal entity or duly authorized signatory of the corporation. Documentation of such authorization must be submitted with the application if signed by a person other than the applicant or listed member of the legal entity applying for the permit.</i></p> <p><i>When the application is completed, return to the first page and use the Submit Form button to e-mail the form to Septage@idem.IN.gov or print and mail the form to the address in the black box at the top right corner of this form.</i></p>	

If this is a new business, please list all potentially affected persons who may be affected by the issuance of this permit. Failure to identify all persons may result in the issued permit being challenged and rendered void. See IC 4-21.5. This page must be submitted.

Name _____

Address (number and street) _____

City, State, ZIP _____

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City, State, ZIP _____

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City, State, ZIP _____

Administrative Orders and Procedures Act, IC 4-21.5

The Administrative Orders and Procedures Act requires that this agency give notice of its decision to the following persons:

- a) each person to whom the decision is specifically directed;
- b) each person to whom a law requires notice by given;
- c) each competitor who has applied to this agency for a mutually exclusive permit, if issuance is the subject of the decision and the competitor's application has not been denied in an order for which all rights to judicial review have been waived or exhausted; (please note this type of permit is not mutually exclusive);
- d) each person who has provided this agency with a written request for notification of the decision;
- e) each person who has a substantial and direct proprietary interest in the issuance; or
- f) each person whose absence as a party in the proceeding concerning the decision would deny another party complete relief in the proceeding or who claims an interest related to the issuance is so situated that the disposition of the matter, in the person's absence may:
 - 1) as a practical matter impair or impede the person's ability to protect that interest, or
 - 2) leave any other person who is a party to a proceeding concerning the issuance subject to a substantial risk of incurring multiple or otherwise inconsistent obligations by reason of the person's claimed interest.

The Administrative Orders and Procedures Act provides that this agency may request your assistance in identifying these persons. Please list all persons whom you have reason to believe have a substantial or proprietary interest in this matter or could otherwise be considered to be potentially affected under the law. Failure to notify a person who is later determined to be potentially affected could result in voidance of the decision on procedural grounds. To ensure conformance with the Administrative Orders and Procedures Act and to avoid reversal of the decision, please list all such parties.