WASTE MANAGEMENT AND REMEDIATION DIVISION WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU

SOLID WASTE MANAGEMENT SECTION

PO BOX 200901

HELENA, MT 59620-0901

406-444-5300

License Number: Company Name:

2021 SEPTIC TANK PUMPER LICENSE RENEWAL APPLICATION FORM

County:

Owner/Operator:

Mailing Address: Telephone:

FAX:

Valid for Use in the Following Counties:

Used in 2020?

Landowner permission valid?

Approved Site for 2020?

Approved Disposal Sites:

Volume Disposed in 2020?

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 laws and rules of the State of Montana.

PRINTED NAME:

SIGNATURE:

TITLE: DATE:

Mail this completed renewal form, disposal records and invoice with payment to:

**Montana DEQ**

**Fiscal Services Division PO Box 200901**

# Helena, MT 59620-0901

**REMINDER: Attach copies of your 2020 records.**