



**Instructions For Applying For A Pennsylvania
Registration For Transporting Residential Septage**

RESIDENTIAL SEPTAGE HAULER REGISTRATION FORM

In order to transport residential septage in the Commonwealth, you must complete and submit the enclosed registration form to the Pennsylvania Department of Environmental Protection (DEP), Bureau of Clean Water, Division of Municipal Facilities, P.O. Box 8774, Harrisburg, PA 17105 - 8774. Instructions for completing the form as required by PA Code, Title 25, Section 285.225 are included. Copies of this citation are available upon request.

Please be advised that you must be registered to transport residential septage within Pennsylvania by July 25, 1997, or upon beginning operations, whichever occurs later. Processing of the completed registration form should take 60 days or less. DEP will issue a transporter number that must be displayed on the sides and rear of each vehicle hauling the residential septage.

In addition to registration for the transportation of residential septage, you should contact the Bureau of Clean Water to register under a general permit if you intend to land apply the residential septage. For additional information concerning the septage hauler registration or the land application of septage general permit, you may contact DEP at 717-705-4090.

Only transporters who pick up and/or deliver residential septage within this Commonwealth are required to register with DEP.

After reviewing the completed registration application, DEP will send a registration number to the applicant.

1. Enter owner's name.
2. Enter company name, address, location, municipality, county and phone number.
3. Enter name of contact person, phone number and title.
4. Estimate the total gallons of residential septage per year that you pick up.
5. Place a check mark in the appropriate box.
6. Self-explanatory.

Send the completed application for registration to the following address:

Pa. Department of Environmental Protection
Bureau of Clean Water
Division of Municipal Facilities
11th Floor, Rachel Carson State Office Building
P.O. Box 8774
Harrisburg, PA 17105-8774

SEPTAGE HAULER REGISTRATION FORM

Registration No. (To be completed by DEP) _____

1. Owner's Name _____

2. Name of Company _____

Mailing and Registration Address _____

Location: Principal Place of Business _____

If within PA, Municipality _____ PA, County _____

Bus. Phone No. _____
(Area Code)

3. Name of Contact Person _____

Phone No. _____
(Area Code)

Title of Contact Person _____

Contact Email _____

4. Estimate the average yearly gallons of septage transported. _____

5. Do you land apply septage? Yes No

6. Certification. This is to certify that the information contained in this application is true, correct, and complete to the best of my knowledge.

Print or Type Name of Owner

Title

Signature of Owner

Date Signed