



**APPLICATION FOR SANITARY PUMPER PERMIT  
SERVICING OF SEPTIC OR HOLDING TANKS,  
PRIVIES, OR PORTABLE RESTROOMS**  
NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DIVISION OF WATER QUALITY  
SFN 4869 (09/2021)

FOR DEPT. USE ONLY

Date Received

**GENERAL INFORMATION**

NEW APPLICATION     RENEWAL APPLICATION

1. Name of Business		2. Name of Owner		3. Owner Telephone Number	
4. Business Mailing Address		5. City		6. State/Province	7. ZIP code
8. Business Physical Address (if different than mailing):		9. City		10. State/Province	11. ZIP code
12. County	13. Contact Person			14. Contact Telephone Number	
15. Contact Address		16. City		17. State/Province	18. ZIPcode
19. Type of Equipment				20. Number of Servicing Units	
Year	Make/Model	Gallons			
Year	Make/Model	Gallons			
21. Proposed Area of Operation (list counties only):					
22. Types of Waste Handled (check all that apply):				23. Sanitary Pumper Classification	
<input type="checkbox"/> Crew Camps	<input type="checkbox"/> Portable Restrooms	<input type="checkbox"/> RV/Campers		<input type="checkbox"/> Class I	<input type="checkbox"/> Class II
<input type="checkbox"/> Holding Tanks	<input type="checkbox"/> Residential	<input type="checkbox"/> Other <input type="text"/>			

**ATTACHMENTS** Please check yes or no to indicate if document is included in application packet

24. Have you held a sanitary pumper permit in North Dakota within the past five years?			ND Dept. of Env. Quality Division of Accounting
<input type="checkbox"/> YES-Attach annual report <input type="checkbox"/> NO			
25. A copy of a North Dakota State Training Certificate			Date Received:
<input type="checkbox"/> YES <input type="checkbox"/> NO			
26. Are you a licensed plumber under NDCC 43-18 who operates one servicing unit?	27. Permit Fee	28. Enclosed Fee	Amount Enclosed: \$
<input type="checkbox"/> YES-Attach copy of Plumbers License and skip to No. 29 <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
29. A list of proposed disposal sites complete with permission to use site			Cash Money Order or Check Number:
<input type="checkbox"/> YES <input type="checkbox"/> NO			
30. If classified as Class I, attach land application site information.			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

**SIGNATURE**

<b>RETURN COMPLETED APPLICATION TO:</b>  North Dakota Dept. of Env. Quality Division of Water Quality 4201 Normandy Street Bismarck, ND 58503-1324  Telephone: (701) 328-5210 Fax: (701) 328-5200	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 and imprisonment for knowing violations.	
	31. Printed name of applicant(s)	32. Title
	33. Signature of applicants(s)	34. Date

### Instructions

---

Submission of this application is notice that the owner identified on the application intends to be permitted as a sanitary pumper in the state of North Dakota.

### General Information

---

1. **Name of Business.** Provide legal name of business as registered with the Secretary of State's Office
2. **Name of Owner.** List the individual, company, organization or entity for which the legal responsibility falls.
3. **Owner Telephone Number.** Provide a valid phone number for the individual, company, organization or entity responsible for business
- 4 through 7. **Business Mailing Address.** Provide a valid mailing address for business
- 8 through 11. **Business Physical Address.** Provide a physical address if different than mailing address
12. **County.** Provide the county the business is located in
13. **Contact Person Name.** List the contact person who is responsible for operation of business if different than owner
14. **Contact Telephone Number.** Provide a valid phone number for the contact person
- 15 through 18. **Contact Address.** Provide a valid address for the contact person if different than business address
19. **Type of Equipment.** List the type of equipment used. Include the year, make and model, and number of gallons held. If more space is needed, attach additional sheet with equipment information.
20. **Number of Servicing Units.** List number of permitted units
21. **Proposed Area of Operation.** List counties only
22. **Type of Waste Handled.** Check all that apply. If other, please describe.
23. **Sanitary Pumper Classification.** Check either Class I or Class II. Class I-septic system servicer that operates three or more permitted servicing vehicles or at least one portable toilet servicing vehicle. Class II-septic system servicer not classified as Class I

### Attachments

---

24. **Have you held a sanitary pumper permit in North Dakota within the past five years?** If you have held a sanitary pumper permit in North Dakota within the last five years, you must attach an annual report for the most recent year of business. This report must include a list of disposal sites used, including all land application sites and wastewater treatment facilities; a description on the type of treatment done to address pathogen and vector control requirements if septage was land applied; the total volume of gallons handled; and a record of all spills
25. **A copy of a North Dakota State Training Certificate.** Provide a copy of a North Dakota state training certificate or other acceptable training course as pre-approved by the department.
26. **Are you a licensed plumber under NDCC 43-18 who operates one servicing unit?** If you are licensed plumber and if you only operate one servicing unit, you can waive the servicing unit fee by attaching a copy of your Plumbers license.
27. **Permit Fee.** A new permit applicant shall pay an application fee of \$100 and a \$50 fee per servicing unit. A permit holder shall pay a renewal fee of \$50 per servicing vehicle. A new servicing unit may be added to an existing permit for a fee of \$50.
28. **Enclosed Fee.** Total dollar amount included in application packet
29. **A list of proposed disposal methods and land application sites complete with permission to use site.** Provide a list of all proposed disposal methods and land application sites, not exempted under North Dakota Century Code section 61-28-04.1 and the signature of the land owner, facility operator, or designated representative of the owner or operator granting permission to use the site for land application, disposal, or treatment on SFN 60533 and SFN 60534.
30. **If classified as Class I, attach land application site information.** If you fall into the Class I category of pumpers, attach the following information about each land application site: the name of the property owner, the street address or directions to the site, the location of the property by township, range, section and quarter section (s) OR the latitude and longitude of the property in degrees decimal, the type of vegetation on the land application site (fallow land, pasture, range, forest, other) and the nitrogen requirements for the vegetation, the estimated depth (feet) to seasonally high groundwater at the site and the basis for the estimates, a statement of the specific soil type (clay, gravel, sandy loam, other) at each site, the approximate slope of the land, the acreage available for land application and a proposed summer and winter disposal operation and maintenance plan for each land application site including provisions for access control and the types and sources of wastes to be managed on the site.

### Signature Information

---

- 31 through 34. **Owner Information.** Provide the information requested for the owner of the sanitary pumper business.