



**LIVINGSTON COUNTY  
SEPTAGE RECEIVING STATION  
HAULER APPLICATION**

Livingston County Department of Public Works  
2300 E. Grand River Ave., Suite 105  
Howell, MI 48843  
517-546-0040



**Application Requirements**

*This Application will not be processed unless all required information is provided.*

**Each application must be accompanied by:**

**Fees:**

Application Fee: \$100.00  
Fee Per Vehicle: \$100.00 annually for trucks with 2000-gal. capacity or over  
50.00 annually for trucks with less than 2000-gal. capacity

Checks should be made payable to "Livingston County."

Note: The application fee is not an annual charge.

**Certificate of Insurance:**

Insurance Requirements

- A. Vehicle Liability: \$1,000,000 Limit of Liability per occurrence
- B. Commercial General Liability: Bodily Injury, Property Damage & Property Damage, per occurrence and/or aggregate; \$1,000,000.
- C. Worker's Compensation: in accordance with all applicable statutes of the State of Michigan.

*>See Attachment B for complete details.*

**Vehicle Information:**

Complete Attachment A

**Return Application To:** Livingston County Drain Commissioner's Office  
Attn: Sallie Chrenka  
2300 E. Grand River Ave, Suite 105  
Howell, MI 48843  
517-546-0040

Please Print the Following Information Completely

1. Name of Applicant: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Contact Person(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Type of Business:  Sole Proprietorship,  Partnership,  Corporation,  L.L.C.

3. Date Business was established: \_\_\_\_\_  
Number of years in the septage hauling business: \_\_\_\_\_

4. State Registration Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_

5. Indicate if any partnership or corporation, other than applicant, has any interest, direct or indirect, in the business conducted under such license. If applicable, state names, addresses, and interest of the partnerships, corporations, and principals involved.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Not Applicable

6. Indicate if your company has ever been convicted of civil or criminal offences concerning the transportation, processing, or disposal of septage:

Yes     No

*If yes, please provide details:*

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7. Indicate counties you currently service from which you will be bringing septage to this facility:

Livingston County                       Clinton County                       Genesee County  
 Ingham County                               Oakland County                       Shiawassee County  
 Washtenaw County                       Other \_\_\_\_\_

8. Indicate yearly volume you anticipate bringing to this facility: \_\_\_\_\_ gallons

9. Manifest Books:

Manifest books will be made available for each vehicle registered with Livingston County. A manifest form is required for each load of septage delivered to the septage receiving facility.



*Attachment A*

**VEHICLE INFORMATION**

Note: This information is required. Decals will not be issued unless this page is completed with information for each vehicle and or trailer.

Name of Company: \_\_\_\_\_

Please provide the following information for each vehicle:

<b>MDEQ Lic. Number</b>	<b>Company Unit No.</b>	<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Cab Color</b>	<b>Tank Color</b>	<b>Lic. Plate Number</b>	<b>Capacity in Gallons</b>

**LIVINGSTON COUNTY**  
**SEPTAGE HAULER INSURANCE REQUIREMENTS**

The Hauler, or its contractors, shall not commence hauling waste to the Livingston County Septage Receiving Facility until he/she has obtained the insurance required under this paragraph. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan. All coverages shall be with insurance carriers acceptable to Livingston County.

1. **Workers' Compensation Insurance:** The Hauler, or its contractors, shall procure and maintain during the life of this contract, Workers' Compensation Insurance, including Employers' Liability Coverage, in accordance with all applicable statutes of the State of Michigan.
2. **Commercial General Liability Insurance:** The Hauler, or its contractors, shall procure and maintain, as long as he/she continues to haul to the Livingston County Septage Receiving Facility, Commercial General Liability Insurance on an "Occurrence Basis" with limits of liability not less than \$1,000,000 per occurrence and/or aggregate combined single limit, Personal Injury, Bodily Injury, and Property Damage. Coverage shall include the following extensions: (A) Contractual Liability; (B) Independent Contractor, Coverage; (C) Broad Form General Liability Extensions or equivalent; (D) Deletion of all Explosion, Collapse, and Underground (XCU) Exclusions, if applicable.
3. **Motor Vehicle Liability:** The Contractor, or its subcontractors, shall procure and maintain as long as he/she continues to haul to the Livingston County Septage Receiving Facility, Motor Vehicle Liability Insurance, including Michigan No-Fault Coverages, with limits of liability not less than \$1,000,000 per occurrence combined single limit, Bodily Injury, and Property Damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.
4. **Additional Insured:** Commercial General Liability and Motor Vehicle Liability Insurance, as described above, shall include an endorsement stating that the following shall be ***Additional Insureds:*** Livingston County, all elected and appointed officials, all employees and volunteers, all boards, commissions, and/or authorities and board members, including employees and volunteers thereof.
5. **Cancellation Notice:** Workers' Compensation Insurance, Commercial General Liability Insurance, and Motor Vehicle Liability Insurance, as described above, shall include an endorsement stating the following: "It is understood and agreed that Thirty (30) days Advance Written Notice of Cancellation, Non-Renewal, Reduction, and/or Material Change shall be sent to: **(Belinda Peters, Livingston County, 304 East Grand River, Suite 203, Howell, MI, 48843).**

LIVINGSTON COUNTY  
SEPTAGE HAULER'S INSURANCE REQUIREMENTS, Cont'd

**6. Proof of Insurance Coverage:** The Hauler or its contractor shall provide Livingston County, at the time the Hauler application is returned, all certificates, and/or policies as listed below:

- a. Two (2) copies of Certificate of Insurance for Workers' Compensation Insurance;
- b. Two (2) copies of Certificate of Insurance for Commercial General Liability Insurance;
- c. Two (2) copies of Certificate of Insurance for Vehicle Liability Insurance;
- d. If so requested, Certified Copies of all policies mentioned above will be furnished.

**7.** If any of the above coverages expire, the Hauler or its contractors shall deliver renewal certificates and/or policies to Livingston County at least ten (10) days prior to the expiration date. Failure to deliver renewal certificates, prior to the expiration date, will result in the Hauler or its contractors being barred from disposing of septage waste at the Livingston County Septage Receiving Facility until the required renewal certificates are received by Livingston County, as set forth above.