

# SEPTAGE MANAGEMENT PLAN WORKSHEET

## GENERAL INFORMATION

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Exact Business or Corporate Name DEQ License No. Assumed Business Name
4. \_\_\_\_\_ 5. \_\_\_\_\_  
Business Telephone Business Mailing Address
6. \_\_\_\_\_  
Street Address Business Is Conducted from, if Different from No. 5
7. Authorized Business Representative: \_\_\_\_\_  
First Name Middle Initial Last Name Title
8. Septage Sources and Approximate Volume (Gal/Yr) Pumped Annually:  
A. Septic Tanks: \_\_\_\_\_ Gal/Yr B. Holding Tanks: \_\_\_\_\_ Gal/Yr C. Chemical Toilets: \_\_\_\_\_ Gal/Yr  
D. Vault Toilets: \_\_\_\_\_ Gal/Yr E. Other Sources (Specify): \_\_\_\_\_ Gal/Yr
9. Septage Disposal or Land Application Site Location:  
A. **SEWAGE TREATMENT PLANT WHERE MOST SEPTAGE DISPOSAL OCCURS:**  
• Sewage Treatment Plant: \_\_\_\_\_  
Treatment Plant Name Location Telephone  
a. Septage Sources and Volumes (Gal/Yr) Accepted by Treatment Plant:  
i. Septic Tanks: \_\_\_\_\_ Gal/Yr ii. Holding Tanks: \_\_\_\_\_ Gal/Yr iii. Chemical Toilets: \_\_\_\_\_ Gal/Yr  
iv. Vault Toilets: \_\_\_\_\_ Gal/Yr v. Other Sources (Specify): \_\_\_\_\_ Gal/Yr  
b. Location at Plant where Septage Received: \_\_\_\_\_  
c. *Provide a copy of a letter from the treatment plant operator which authorizes your business to dispose septage at the treatment plant. The letter must indicate the type of septage the plant has agreed to receive from your business.*
- B. **OTHER SEWAGE TREATMENT PLANTS WHERE SEPTAGE DISPOSAL OCCURS:**  
• Sewage Treatment Plant: \_\_\_\_\_  
Treatment Plant Name Location Telephone  
a. Septage Sources and Volumes (Gal/Yr) Accepted by Treatment Plant:  
i. Septic Tanks: \_\_\_\_\_ Gal/Yr ii. Holding Tanks: \_\_\_\_\_ Gal/Yr iii. Chemical Toilets: \_\_\_\_\_ Gal/Yr  
iv. Vault Toilets: \_\_\_\_\_ Gal/Yr v. Other Sources (Specify): \_\_\_\_\_ Gal/Yr  
b. Location at Plant where Septage Received: \_\_\_\_\_  
c. *Provide a copy of a letter from the treatment plant operator which authorizes your business to dispose septage at the treatment plant. The letter must indicate the type of septage the plant has agreed to receive from your business.*
- Sewage Treatment Plant: \_\_\_\_\_  
Treatment Plant Name Location Telephone  
a. Septage Sources and Volumes (Gal/Yr) Accepted by Treatment Plant:  
i. Septic Tanks: \_\_\_\_\_ Gal/Yr ii. Holding Tanks: \_\_\_\_\_ Gal/Yr iii. Chemical Toilets: \_\_\_\_\_ Gal/Yr  
iv. Vault Toilets: \_\_\_\_\_ Gal/Yr v. Other Sources (Specify): \_\_\_\_\_ Gal/Yr  
b. Location at Plant where Septage Received: \_\_\_\_\_  
c. *Provide a copy of a letter from the treatment plant operator which authorizes your business to dispose septage at the treatment plant. The letter must indicate the type of septage the plant has agreed to receive from your business.*
- C. **DEQ PERMITTED SOLID WASTE DISPOSAL FACILITY:**  
a. Disposal Facility Name: \_\_\_\_\_ b. Facility DEQ Permit No.: \_\_\_\_\_  
c. Facility Type and Location: \_\_\_\_\_  
d. Septage Sources and Volumes (Gal/Yr) Accepted by Disposal Facility:  
i. Septic Tanks: \_\_\_\_\_ Gal/Yr ii. Holding Tanks: \_\_\_\_\_ Gal/Yr iii. Chemical Toilets: \_\_\_\_\_ Gal/Yr  
iv. Vault Toilets: \_\_\_\_\_ Gal/Yr v. Other Sources (Specify): \_\_\_\_\_ Gal/Yr  
e. Location at Disposal Facility where Septage Received: \_\_\_\_\_  
f. *Provide a copy of a letter from the treatment plant operator which authorizes your business to dispose septage at the treatment plant. The letter must indicate the type of septage the plant has agreed to receive from your business*

