

AUTHORIZATION TO DISCHARGE SEPTAGE AT A SEPTAGE TREATMENT OR STORAGE FACILITY PERMITTED TO SOMEONE OTHER THAN YOURSELF

(This form is used by a detention or treatment facility permit holder to indicate that permission has been given to a permitted Septage Management Firm to discharge septage into the permit holders detention or treatment facility.)

I, _____
(Facility Operator)

(Operator Address)

do hereby authorize: _____
(Owner of Septage Management Firm)

(Name of Septage Management Firm) NCS # _____

(Address of Septage Management Firm)

to utilize septage detention or treatment facility # _____ for the treatment or storage of septage *

in 20_____. The facility will be operated in accordance with the Septage Management Rules **.

Date: _____ Signed _____
(Facility Operator)

* As defined in G.S. 130A-290(a)(32)

** As defined in 15A NCAC 13B .0800

Return the properly completed form to:
North Carolina Department of Environmental Quality
Division of Waste Management
Solid Waste Section
1646 Mail Service Center
Raleigh, NC 27699-1646