### CONSENT FOR THE DISPOSAL OF SEPTAGE

INSTRUCTIONS: This form is for the purpose of providing the Oklahoma Department of Environmental Quality (DEQ) with proof of a permitted disposal facility’s consent for the disposal of septage. Complete one form for each facility.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DISPOSAL LOCATION (Check One)** | | | | | | | | | | | | |
| WASTE WATER TREATMENT FACILITY\* | | | | | SOLID WASTE LANDFILL | | | | | | | |
| SEPTAGE TREATMENT FACILITY\* | | | | | CITY PERMITTED PRETREATMENT FACILITY\* | | | | | | | |
| Name: |  | | | | | | Facility/Permit No.: | | | |  | |
| Mailing Address: | |  | | City | |  | | State |  | Zip | |  |
| Street Address/Location | | |  | City | |  | | State |  | Zip | |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, representing the above-named facility, understand that by signing this

Printed Name

Consent Form, I am certifying to the DEQ that this facility consents to the disposal of septage by

      (Business Name of Licensed Septage Pumper and Hauler)

effective       and ending January 31, 20  .

(Start Date) (End Date)

           

Signature Title Date

**DEQ Form No. 645-004** **Rev. 07/01/2010**