###  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.

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| **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**