

SEPTAGE DISPOSAL APPLICATION AND PLAN

VILLAGE OF NEW AUBURN

DATE SUBMITTED _____

NAME OF HAULING CO. _____

LICENSE NUMBER _____

NAME OF COMPANY CONTACT _____

TELEPHONE NUMBER _____

NUMBER OF TRUCKS _____

TRUCK IDENTIFICATION NUMBERS AND GALLON CAPACITY

_____, _____
_____, _____
_____, _____
_____, _____

PROPOSED DISPOSAL PLAN FOR NOVEMBER 15 TO APRIL 15.

(Add additional pages as needed)

DISCUSS IN FULL DETAIL YOUR PROPOSAL FOR DISCHARGING SEPTAGE TO THE VILLAGE'S SEWERAGE SYSTEM. INCLUDE IN THE PLAN, AT A MINIMUM, THE FOLLOWING INFORMATION:

1. DAILY PROPOSED SEPTAGE QUANTITIES AND TYPES.
2. BOD₅ AND SUSPENDED SOLIDS DAILY LOADS TO THE SEWERAGE SYSTEM.
3. PROPOSED DATES, TIMES AND LOCATIONS FOR DISCHARGE TO THE SEWERAGE SYSTEM.
4. PROPOSED DISCHARGE FLOW RATES TO THE SEWERAGE SYSTEM.
5. PROPOSED MITIGATIVE MEASURES TO REDUCE EFFECT UPON THE SEWERAGE SYSTEM.
6. LOCATION OF GENERATORS OF SEPTAGE.
7. OTHER SUCH INFORMATION AS REQUIRED BY THE VILLAGE.

VERIFICATION OF DISCHARGE

VILLAGE OF NEW AUBURN

DATE AND TIME OF DISCHARGE _____

NAME OF HAULING CO. _____

LICENSE NUMBER _____

DRIVER'S NAME _____

COMPANY'S TELEPHONE NUMBER _____

TRUCK IDENTIFICATION NUMBERS AND GALLON CAPACITY

GENERATORS OF DISCHARGED SEPTAGE (Name, Address, Gallons)

1.

2.

3.

TOTAL GALLONS OF DISCHARGE

_____ GALLONS

*EST. BOD _____ MG/L

*EST. SS _____ MG/L

DISCHARGE LOCATION _____

DISCHARGE RATE _____

DRIVER'S SIGNATURE _____

*BOD - BIOCHEMICAL OXYGEN DEMAND

*SS - SUSPENDED SOLIDS