

**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)

\_\_\_\_\_ NCS # \_\_\_\_\_  
(Name of Septage Management Firm)

\_\_\_\_\_  
(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