



Manual for On-Site Sewage Management Systems

SECTION I | SEPTAGE REMOVAL AND DISPOSAL

Environmental Health Section

SECTION I – SEPTAGE REMOVAL AND DISPOSAL**1) Septage Removal Permits**

Permits shall be valid for a period of twelve months and shall be subject to being denied, suspended or revoked by the County Board of Health, unless the complete septage removal and disposal is carried out in accordance with Chapter 511-3-1 and the provisions outlined below.

2) Standards for Septage Removal

The following requirements shall be met by individuals certified for septage removal:

- A. The manner in which septage will be disposed of shall be included on the application for septage removal. Written authorization shall be submitted with the application from wastewater treatment plants, separate septage handling facilities or permitted land disposal site.
- B. The manner in which septage will be removed and transported shall be included on the application for septage removal.
- C. Access to the septic tank contents shall be by removal of the lids or access ports. Individuals breaking holes in the septic tank or lids will be subject to permit suspension or revocation.
- D. Septage removal means the complete removal of the contents including the liquid, sludge and scum.
- E. The inlet and outlet “tees” will be inspected for blockage and damage. If “tees” are missing or damaged, the owner will be notified in writing. Missing or damaged “tees should be replaced.
- F. Excavated soil will be replaced.
- G. Written documentation shall be provided to the septic tank owner noting the condition of the septic tank. This shall include any damage or missing components observed, and a copy will be provided to the Local Environmental Health Office.
- H. Individuals permitted for septage removal shall maintain a manifest identifying the date and location of system serviced and the date and location of final disposal.

3) Septage Disposal

There are three options for septage disposal in Georgia: treatment at a wastewater treatment plant, treatment at a separate septage handling facility and land disposal. Disposal and treatment at wastewater treatment plants, separate septage handling, and land application sites are regulated through Georgia Department of Natural Resources’ Environmental Protection Division.

4) Temporary Storage of Septage

The Department recognizes there may be instances when domestic septage must be temporarily stored until final disposal in the event disposal of septage is delayed by inclement weather; or

a local Department of Georgia Environmental Protection approved treatment facility is briefly inaccessible. The County Board of Health may allow under the authority of the septage removal permit a certified septage or portable sanitation pumper to provide for temporary septage storage at their company's base of operation by meeting the following criteria:

- A. Successful application and approval for on-site storage as reviewed by the local environmental health authority.
- B. Installation of below ground tanks must meet the standards and installation requirements of the Department for septic tanks and should be a state approved concrete, plastic or fiberglass tank.
- C. Above ground tanks should be placed on a curbed impervious pad made from materials to support the weight load and facilitate clean up in the case of a spill.
- D. Tanks should be designed for the stress of the holding capacity.
- E. Storage tank volume should be proportional to the scale of business of the pumping company. The maximum projected capacity must be no more than two to three days of typical pumping as demonstrated by manifesting.
- F. Temporary storage capacity must be for a single company use only, no multiple haulers comingling or "offloading" from other companies will be allowed. Manifesting must document transfer for truck to tank, etc. to disposal or handling facility.
- G. All local and state regulations and laws must be met, inclusive of approved zoning, business licensing, and County Environmental Health Removal and Disposal permitting and necessary inspection.

5) Tables, Figures and Forms

Form 10.I Waste Removal and Disposal Application and Permit



_____ County
**Application for a Waste Removal
 and Disposal Permit**

Application Date: _____
 Company Name: _____ Company DPH Cert # : _____
 Owner/Agent Name: _____ Email: _____
 Company Street Address, City, State, Zip: _____
 Primary Phone: _____ Alternate Phone: _____
 List Employee Names and DPH Certification Number(s) Performing Pumping:

Circle All Applicable Selections:

Business Type: Septage Pumper
 Portable Sanitation Pumper
 Onsite Storage: Yes No
 Final Disposal Facility Type: Land Application Facility
 Wastewater Treatment Facility
 Wastewater Handling Facility
 Disposal Facility or Land Application Site Name: _____
 Describe business plan for pumping, storing, transferring and disposing:

Applicant Signature: _____
*Waste Removal and Disposal Permit
 to completed by County Environmental Health Department.*

Onsite Storage Inspected & Approved:	YES	NO
Manifest(s) Submitted and Approved:	YES	NO
Truck Inspection(s) Approved:	YES	NO
Disposal Facility Letter of Acceptance:	YES	NO
Application Approved:	YES	NO
Remarks:	_____	

Issuing Inspector:	Inspector Signature:	
Permit Number:	* Permit Issue Date:	
* Permits expires at the end of the calendar year.		

Form 11.I Waste Removal and Disposal Inspection Form



_____ County
Waste Removal and Disposal Inspection Form

Inspection Date: _____ County Permit # : _____
 Company Name: _____ Company Phone: _____
 Owner/Agent Name: _____ Company DPH Cert # : _____

Septage Pumper: Yes No Portable Sanitation Pumper: Yes No

VEHICLE DETAILS	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Volume Capacity (gallons)					
DOT Number					
State Tag Number					
Manifest Submitted (Yes/No)					
VEHICLE IDENTIFICATION	All Items must be displayed on both sides of each vehicle (YES/NO)				
Name of Person or Firm					
Permit Number					
2" Letters & Numbers					
Readily Visible					
VEHICLE MAINTENANCE	Verified with clean water or inspected during routine pumping (YES/NO)				
Watertight Tank & Body					
Leakage From Pumps					
Leakage From Hoses					
Leakage From Valves					
Leakage From Fittings					

PORTABLE SANITATION ONLY	Adequately sized tanks for # of units (route) served (YES/NO or N/A)				
Waste Tank					
Sanitizing Solution Tank					
To be completed if servicing hand washing fixtures					
Potable Water Source					
Fresh Water Tank					
Labeled "Do Not Drink"					
Potable Water Hose Labeled					

Inspected By: _____ Inspector Signature: _____
 Remarks: _____

Inspection Approved: Yes No Permit Issue Date: _____
 Permit Expiration Date: _____

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