



Department of Environmental Quality
Resource Management Division
Septage Waste Program
Septage Waste Receiving Facility Inspection Form

RECEIVING FACILITY INFORMATION (please print or type):			
NAME		RECEIVING FACILITY OWNER	
ADDRESS		RECEIVING FACILITY OPERATOR	
CITY	STATE	ZIP	HOURS OF OPERATION

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION:	
1. Is this a DEQ approved septage waste receiving facility, verified by accessing the DEQ Septage Directory at www.michigan.gov/degseptage ?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. Are individual septage firm accounts established and tracked?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. Are individual septage firms tracked on a per discharge basis? <i>This would include the volume discharged on a per visit basis.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. Are firms and septage waste volumes tracked separately for all users disposing septage waste at this facility?*	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5. Are the volumes totaled for each firm on a daily, weekly, monthly and yearly basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
6. How many gallons of septage waste are received annually at this facility?	_____ gallons
7. Does the design of the receiving facility readily accommodate the septage volume disposed? If not, please explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
8. Is the receiving station ramp sloped resulting in the complete drainage of the septage waste vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
9. Is the receiving station maintained on a regular schedule?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
10. Is staffing adequate to maintain the receiving facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
11. Is the receiving facility/dump station free of noxious odors?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
12. Are odor control measures in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
13. Describe how the screenings are managed and where they are disposed.	
14. Can the receiving facility be gated and locked to limit access?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
15. Are there any safety issues? If so, please describe.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
16. Has there been any modifications to the plant and if so was the operating plan updated and sent to the DEQ for review and approval?*	<input type="checkbox"/> YES <input type="checkbox"/> NO

Name of Inspector:

Name of Health Department:

Date of Inspection: _____

Please send a copy of completed inspection to:

Department of Environmental Quality
Resource Management Division
Septage Waste Program
P.O. Box 30241
Lansing, MI 48909-3741

NO ENFORCEMENT ACTION IS TO BE TAKEN BY THE HEALTH DEPARTMENT

DISTRIBUTION: Facility LHD DEQ



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1. If not, stop inspection, notify facility that they cannot accept septage waste from septage firms until a plan is submitted to the DEQ and approved.

4. Attach a copy of the list of septage haulers using the facility and the number of gallons of septage disposed at the plant per hauler.

16. Examples include a fee increase or installation of new equipment. The plan must be submitted to the DEQ at least 30 days prior to any changes to the plant that impact the acceptance and treatment of septage waste.