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.

<table>
<thead>
<tr>
<th>DISPOSAL LOCATION (Check One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ WASTE WATER TREATMENT FACILITY*</td>
</tr>
<tr>
<td>☐ SEPTAGE TREATMENT FACILITY*</td>
</tr>
</tbody>
</table>

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 Consent Form, I am certifying to the DEQ that this facility consents to the disposal of septage by

(printed name)

(Business Name of Licensed Septage Pumper and Hauler)

effective ___________________________ and ending January 31, 20___.

(Start Date)  (End Date)

_________________________  ___________________________  ___________________________
Signature  Title  Date

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