



Utility Committee Meeting

AGENDA

April 2, 2013

I. **CALL TO ORDER**

II. **MATTERS BEFORE COMMITTEE**

1. [Wastewater Treatment Plant Septage Haulers](#)

III. **ADJOURN**



Utility Committee Meeting

AGENDA

April 2, 2013

Item:

Wastewater Treatment Plant Septage Haulers

Department:

Additional Information:

Financial Impact:

Budgeted Item:

Recommendation / Request:

Viewing Attachments Requires Adobe Acrobat. [Click here](#) to download.

Attachments / click to download

 [Septic Hauler Info](#)

Septage Charges

WWTF	In county \$/gal	Out county \$/gal	MG/mo	comment
Athens-Clarke	0.04	0.10	0.3	Gallons based on self-reporting; actual may be higher
Oconee Co	0.10	0.20	0.1	No policing, mostly in county, Call's Creek WRF
Oglethorpe	n/a	n/a	0	None available in this county
Loganville	Same	Same	1.2	Receive M-F, purchase ticket ahead, \$150 up to 2500 gals.- \$300 over 2500 gals.
Barrow Co	n/a	n/a	0	Not allowed
Winder	n/a	n/a	0	Not allowed
Jackson Co	Same	0.035		
Comer	n/a	n/a	0	Not allowed
Danielsville	n/a	n/a	0	Not allowed, tell them to go to Athens -- Clarke County
Monroe	Same	0.08	0.2	
Gainesville	Same	0.34	0	Don't want, use White Co land application
Commerce	n/a	n/a	0	Not allowed

Beverly Harrison

From: Rodney Middlebrooks
Sent: Monday, April 01, 2013 1:35 PM
To: Beverly Harrison
Subject: FW: Septic haulers

Attach this email the septic rate increase item. Thanks, Rodney

From: Carl Hofstadter [<mailto:carlhofstadter@gmail.com>]
Sent: Monday, March 25, 2013 4:05 PM
To: Rodney Middlebrooks
Cc: Matthew Chancey
Subject: Septic haulers

Rodney

It is our recommendation to charge a minimum of \$.25 per gallon for septic haulers.

Thank you

Carl

--
Carl Hofstadter, P.E.
4571 Arkwright Rd.
Macon GA 31210



City of Loganville

Water Quality Control
Chris Yancy
Director

P.O. Box 39
Loganville, GA 30052

Tel: 770-466-1306
Fax: 770-466-6725

**Water Quality Control Facility
Septic Carrier Discharge Permit**

4385 Pecan Street
Loganville, Georgia 30052
City Hall (770) 466-1165 • WQCF (770) 466-1306

**INSTRUCTIONS & REGULATIONS FOR SEPTIC HAULERS:
MODIFIED: DECEMBER 31, 2011**

1. Discharges will be accepted at Loganville WQCF only.
2. Discharges will be accepted between the hours of 7:00 a.m. and 3:30 p.m. Monday through Friday excluding holidays.
3. You should call the WQCF office at 770-466-1306 to ensure the facility is accepting waste each day.
4. All drivers must enter and exit from the 4895 Highway 81 north entrance.
5. All drivers must stop and deposit their permit in the front office before discharging.
6. Discharge permits may be purchased at City Hall only.
7. Each permit covers one discharge up to 2500 gallons only. Any truck tank 2501 gallons to 4000 will require two dump tickets. WQCF will NOT accept any truck over 4000 gallons.
8. All data requested below must be completed before discharging.
9. WQCF will accept discharges from domestic waste sources only. All grease and sand trap interceptor's discharges must go to an approved recovery center. City of Loganville reserves the right to inspect or collect samples from trucks when discharging into our facility.
10. Carrier discharge area will be kept clean and properly maintained by carrier. (i.e., bar screen and trash can must be cleaned and dumped before leaving the facility). If you find the discharge area unacceptable, please notify the operators BEFORE you discharge.
11. Any property damage to WQCF caused by a carrier will be repaired at the carrier's expense.
12. All carrier trucks are required to have company name visible on vehicle.
13. All carrier discharging into an unauthorized manhole, open ditch, storm drain, or waterway will be prosecuted to the full extent of the law!
14. The City of Loganville reserves the right to deny any septic hauler the privilege of discharging at the WQCF at anytime.

CARRIER DATA:

NAME OF CARRIER: [REDACTED] TRUCK ID or TAG#: [REDACTED]
ADDRESS: [REDACTED]
PHONE NUMBER: [REDACTED] TANK GALLONS: [REDACTED]
DRIVER'S NAME (please print): [REDACTED] SIGNATURE: [REDACTED]

CUSTOMER SOURCE DATA:

NAME OF OCCUPANT: [REDACTED] DATE: [REDACTED] TIME: [REDACTED]
ADDRESS: [REDACTED] PHONE: [REDACTED]

PERMIT NO 8226

AMT. PAID: \$150.00

Item # 1

Form must be completely filled out and turned in before discharging into facility