

Jack's Creek Wastewater Treatment Facility
Septic Carrier Discharge Permit

2200 Georgia Highway 83
Monroe, Georgia 30655
City Hall (770) 267-7536 Jack's Creek (678) 635-8073

INSTRUCTIONS & REGULATIONS FOR SEPTIC CARRIERS

REVISION: APRIL 9, 2013

1. Discharges will be accepted at Jack's Creek Wastewater Treatment Facility
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 WWTP office at (678) 635-8073 to ensure the facility is accepting waste each day.
4. All septic carriers must have an established account within the City's Utility Billing System.
5. Discharge permits must be purchased by using the City's online payment system at www.monroega.us or by phone at 1-866-239-6929.
6. Confirmation number and all data requested below must be completed before discharging.
7. Completed form must be presented at WWTP prior to discharge and confirmation number will be verified.
8. WWTP 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 Monroe reserves the right to inspect or collect samples from trucks when discharging into our facility.
9. 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.
10. Any property damage to WWTP caused by a carrier will be repaired at the carrier's expense.
11. All carrier trucks are required to have company name visible on vehicle.
12. All carrier discharging into an unauthorized manhole, open ditch, storm drain, or waterway will be prosecuted to the full extent of the law!
13. The City of Monroe reserves the right to deny any septic hauler the privilege of discharging at the WWTP at anytime.

SEPTIC CARRIER DATA

NAME OF CARRIER: _____
TRUCK ID/TAG#: _____ TANK (GALLONS): _____
ADDRESS: _____
PHONE: _____ CONTACT: _____
DRIVER'S NAME (PLEASE PRINT): _____ SIGNATURE: _____

CUSTOMER SOURCE DATA

NAME OF OCCUPANT: _____ DATE: _____ TIME: _____
ADDRESS: _____ PHONE: _____

CONFIRMATION#:

AMOUNT PAID: