



**Memorandum**

**To:** *Liquid waste hauler*

**From:** *Pretreatment Coordinator*

**Subject:** *Septage hauler permit application*

In response to your recent request to discharge septage at Madison Metropolitan Sewerage District, attached are the forms to complete. These forms include:

- New Hauler Application (complete and return)
- Permit Terms (complete and return)
- Proof of Insurance Memo & Wisconsin Worker's Comp (read and verify that your company meets the requirements)
- Current District Disposal Rates

Upon receiving this information and reviewing it, we will determine whether your business is eligible for a District permit. If approved, you will receive the following:

- Septage Hauler Permit
- Electronic Ticketing Instructions and Scan Cards (only for frequent haulers)
- Map to the Headworks Building

Please feel free to contact the pretreatment coordinator by phone at 608-222-1201 Ext. 309 or by email at [pretreatment@madsewer.org](mailto:pretreatment@madsewer.org).

**Return Forms To:**

MMSD  
ATTN: Pretreatment Coordinator  
1610 Moorland Rd.  
Madison, WI 53713

Or via email: [pretreatment@madsewer.org](mailto:pretreatment@madsewer.org)

**MADISON METROPOLITAN SEWERAGE DISTRICT**  
**Request for Permit to Discharge Septic Tank or Holding Tank Wastes**

**HAULING COMPANY INFORMATION (Please Print)**

Please Provide Name, Address, Telephone & Fax Numbers & Email

---

---

---

---

---

Contact Name: \_\_\_\_\_

Number of Trucks: \_\_\_\_\_

DNR License No. \_\_\_\_\_

<u>Truck License Plate</u>	<u>Truck Make/Model</u>	<u>Gallon Capacity</u>	<u>Hose Connection Size and Type</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Expected daily septage quantities and type(s)

---

MMSD uses a secure electronic ticketing system for hauled waste. Please provide us with all of your driver names and assign each driver a different 4 digit personal identification number (PIN) in the space below. It can be any 4 digits that the driver can remember, but may not begin with a zero. Please print all information.

<u>Name (First/Last)</u>	<u>PIN</u>	<u>Name (First/Last)</u>	<u>PIN#</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Directions for the ticketing program will be sent to you once your company has been entered into our system. Please allow 5-7 business days for us to process this request. You will also receive a MMSD vehicle card for each vehicle along with your confirmed driver PINs.

Waste hauler permit applicants must carry minimum insurance coverage levels including commercial general liability, automobile liability, workers compensation and employer's liability, and where appropriate, umbrella liability (Doc 4005). Each proof of insurance certificate must list "Madison Metropolitan Sewerage District" as a certificate holder. The proof of insurance certificate is typically sent to the District when a hauling company changes or renews its insurance coverage. It is the responsibility of the applicant to ensure that insurance carriers have provided proof of insurance certificates demonstrating to the District that the proper levels of coverage have been obtained. The District will not issue a septage permit if coverage levels are insufficient or policies have lapsed.

Date \_\_\_\_\_ Signature \_\_\_\_\_

\*\*\*\*\*

**FOR DISTRICT USE ONLY**

Permit No.: \_\_\_\_\_

Issued On: \_\_\_\_\_

By: \_\_\_\_\_  
Notified \_\_\_\_\_

OnBase Updated: YES ☐

Invoicing ID: \_\_\_\_\_

POI Received ☐

Form ID: 4004-A



**Madison Metropolitan Sewerage District**

**Terms of Permit to Discharge Septage Waste at  
the Nine Springs Wastewater Treatment Plant**

Application for this permit is in accordance with Chapter 8 of the Madison Metropolitan Sewerage District Sewer Use ordinance.

After reading the provisions below, please sign & date this application form & return it to the District to be considered for permit issuance. This application is not a permit to discharge septage waste.

\_\_\_\_\_

Print (Owner/President)

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Form ID: 4003

Please return this page



### **Terms of Permit to Discharge Septage Waste at the Nine Springs Wastewater Treatment Plant**

Application for this permit is in accordance with Chapter 8 of the Madison Metropolitan Sewerage District Sewer Use ordinance.

By accepting this permit, the hauling company (Permittee) agrees to the following provisions:

1. **Septage Waste Types:** The Permittee is pre-approved to discharge the following waste types: domestic holding tank, septic tank, portable toilet, and domestic settling/catch basin. Grease trap waste may be discharged in accordance with Section 5 of this permit.
2. **Other Waste Types:** District approval must be granted before delivery of any other load types such as, but not limited to: landfill leachate, groundwater, stormwater from any source, lift station debris, salt pit contents, brine, rinsate, carpet cleaning wastewater, spill response wastewater, non-domestic holding tank wastewater, and industrial wastewater. Hazardous wastes are not accepted. Contact the Pretreatment Coordinator at (608) 222-1201 ext. 309 for waste disposal approval prior to servicing such non-domestic wastewaters.
3. **Hours of Acceptance:** Unless otherwise specified, septage will be accepted at the treatment plant from 6:00 a.m. to 6:00 p.m. daily. If the Permittee is seeking to discharge septage as defined in Section 1, or other waste that has been previously approved as specified in Section 2, outside of the hours above due to an emergency, the Permittee must contact the plant operator at (608) 576-9637 or (608) 225-8470 to request approval before arriving onsite.
4. **Discharge Approvals:** Each individual driver must be registered with the District before discharging any waste. Haulers/drivers shall comply with any instructions or requests that may be directed towards the hauler/driver on the ticketing computer, on written notes from District operators, or via phone calls or emails from District staff.
5. **Grease Trap Waste Requirements:** MMSD accepts grease trap waste only from restaurants and other food service kitchens under a general "grease" category. Grease trap waste must be flowable liquid that does not contain any solid material or trash. Grease that contains any solids/trash may not be discharged to MMSD.

Each load of grease trap waste that exceeds 1,000 gallons must receive prior approval and be discharged before 2:00 p.m. The hauler/driver must contact the plant operator with volume and grease consistency information prior to arrival. (Call (608) 576-9637 or (608) 225-8470.) The District reserves the right to deny disposal of grease trap waste at any time due to operating conditions.

Any hauler with established grease volume limits in their hauler permit must discharge within those limits at all times. For all other haulers, the total volume of grease discharged during any calendar year (January 1 - December 31) may not exceed the total volume of grease discharged by that hauler during the previous calendar year unless approved, in writing, by MMSD. The previous year's volume is in the Category Report provided by the District to haulers annually in January.

6. Ticket Information: The driver must provide load information by completing a disposal ticket at the time of each delivery. The load must be logged into the septage receiving computer at the time of discharge. A paper ticket may be used only if the septage receiving computer is out of service.

Information required for every load includes a statement of the types of waste in that load and the total volume of each waste type.

Additional information required with every load ticket includes:

- The complete address (including business name (where applicable), street address, city, and state) of each source of wastewater in that load
- The type of waste from each source
- The estimated volume of waste from each source.

Falsification of or failure to provide this information shall be grounds for revocation of this permit and penalties may be imposed in accordance with Chapter 11 of the District's Sewer Use Ordinance.

7. Septage Waste Charges: Charges for disposal of septage waste classifications shall be established by the District on a per-gallon basis. These charges will be reviewed annually and adjusted as necessary to ensure that the charges cover the District's cost for providing this service. Invoices for disposal of septage will be sent to the Permittee monthly and will include an administrative charge that will also be adjusted annually to cover administrative costs.
8. Industrial and Other Waste Charges: Non-domestic industrial wastes must be approved by the District. Industrial and other wastes will be sampled and billed according to volume and strength. An analysis fee will be charged as well. If the Permittee wishes to pay for disposal of any other waste on a strength and volume basis, the Permittee may request this. The Permittee will be billed for the cost of any analysis performed. Invoices for industrial and other waste types will be sent to the Permittee quarterly and will include an administrative charge to cover administrative costs.
9. Payment for Services: All bills must be paid in full within thirty (30) days of the invoice date. Billing statements will be sent to Permittees with any invoices not paid within sixty (60) and/or ninety (90) days of the invoice date. If no payment(s) have been received within ninety (90) days, loss of privileges or special payment requirements may be imposed (pursuant to Section 10 of this permit) and interest will be charged on delinquent accounts at the rate of 1% per month until paid
10. Loss of Privileges: Revocation of the permit or special payment requirements may be imposed if a Permittee fails to make timely payments on the Permittee's account balance or otherwise fails to comply with the terms and conditions of this permit. As an alternative to loss of or denial of a permit due to non-payment, the Permittee may request a payment schedule with the Director. All payment schedules will be reviewed and approved at the discretion of the Director.
11. Liability Indemnity: The Permittee agrees to indemnify the District from any and all liability for injury or damage arising out of or related to activities of the Permittee in exercising the rights granted.
12. Proof of Insurance: The Permittee shall have in full force and effect worker's compensation insurance, public liability insurance, and property damage insurance during the full term of this permit.

13. Additional restrictions: At any time during the term of this permit, the District reserves the right to impose additional restrictions regarding acceptance of septage or other waste types that may be necessary to ensure proper and efficient operation of the wastewater treatment process or equipment; that may be necessary to prevent adverse effects on the District's sludge management program or adverse effects on effluent quality; that may be necessary to prevent detrimental environmental conditions; or that may be necessary to prevent creating a public nuisance.



## Memorandum

**To:** *All Permitted Waste Haulers*  
**From:** *Pretreatment Program Coordinator*  
**Date:** January 1, 2025 - December 31, 2025  
**Subject:** *Insurance Requirements for Holders of Septage Permits*

As a contractor providing services at Madison Metropolitan Sewerage District, we require that you provide us with evidence of insurance with the minimum requirements outlined below:

### **Commercial General Liability (Occurrence Form)**

- |  |                    |
|--|--------------------|
| • General Aggregate (other than Prod/Comp Ops Liability)             | <b>\$1,000,000</b> |
| • Products/Completed Operations Aggregate                            | <b>\$1,000,000</b> |
| • Personal & Advertising Injury Liability                            | <b>\$1,000,000</b> |
| • Each Occurrence  | <b>\$1,000,000</b> |
| ○ Policy Aggregates to apply separately to each project.             |                    |
| ○ Madison Metropolitan Sewerage District named as Additional Insured |                    |

### **Automobile Liability**

**\$1,000,000 each accident**

- The limits for General Liability and Automobile may be less than \$1,000,000 if an umbrella with a limit of no less than \$1,000,000 (see below) is provided

### **Worker's Compensation and Employer's Liability\***

- |                             |                                |
|-----------------------------|--------------------------------|
| • Workers' Compensation     | <b>State Statutory Limits</b>  |
| • Employer's Liability      |                                |
| ○ Bodily Injury by Accident | <b>\$100,000 each accident</b> |
| ○ Bodily Injury by Disease  | <b>\$500,000 policy limit</b>  |
| ○ Bodily Injury by Disease  | <b>\$100,000 each employee</b> |

### **Umbrella Liability – Necessary only if general liability & automobile liability limits of provider's primary policies are less than \$1,000,000**

- |                                 |                    |
|---------------------------------|--------------------|
| • Each Occurrence and Aggregate | <b>\$1,000,000</b> |
|---------------------------------|--------------------|

**\*The State of Wisconsin offers guidance for worker's compensation insurance requirements at [dwd.wisconsin.gov/wc/employers](http://dwd.wisconsin.gov/wc/employers).** This guidance may assist you in determining if your business is required to carry worker's compensation insurance. If you have any questions, please discuss this subject with your insurance carrier. If your company does not carry worker's compensation insurance, then you or your insurance agent must send the District written certification detailing why worker's compensation insurance is not maintained by your business.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Insurance Agent  Address  City, State, Zip	<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b>
<b>INSURED</b> Name  Address  City, State,	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Insurance Company Name <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b>

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> <b>OCCUR</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		Policy Number	Eff Date	Exp Date	<b>EACH OCCURRENCE</b> \$ 1,000,000 <b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$ <b>MED EXP (Any one person)</b> \$ 10,000 <b>PERSONAL &amp; ADV INJURY</b> \$ <b>GENERAL AGGREGATE</b> \$ 2,000,000 <b>PRODUCTS - COMP/OP AGG</b> \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> <b>ANY AUTO</b> ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	Y		Policy Number	Eff Date	Exp Date	<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$ 1,000,000 <b>BODILY INJURY (Per person)</b> \$ <b>BODILY INJURY (Per accident)</b> \$ <b>PROPERTY DAMAGE (Per accident)</b> \$ \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			Policy Number	Eff Date	Exp Date	<b>EACH OCCURRENCE</b> \$ 1,000,000 <b>AGGREGATE</b> \$ 1,000,000 \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	Policy Number	Eff Date	Exp Date	<input checked="" type="checkbox"/> <b>WC STATUTORY LIMITS</b> <input type="checkbox"/> <b>OTHER</b> <b>E.L. EACH ACCIDENT</b> \$ 100,000 <b>E.L. DISEASE - EA EMPLOYEE</b> \$ 100,000 <b>E.L. DISEASE - POLICY LIMIT</b> \$ 500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

The certificate holder is an additional insured on the General Liability and Automobile Liability.

**CERTIFICATE HOLDER****CANCELLATION**

Madison Metropolitan Sewerage District  
1616 Moorland Road  
Madison, WI 53713-3324

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Signature of the Producer



## 2025 Billing Rates

### Service Charge Rates Comparison

Parameter	2025 Rate	% Change
CBOD	\$0.22792 per pound	3.76%
Suspended Solids	\$0.39198 per pound	6.15%
Nitrogen	\$0.62602 per pound	8.35%
Phosphorus	\$6.75727 per pound	7.98%

### Septage Rates Comparison

Parameter	2024 Rate	2025 Rate	% Change
Septic Tank Wastes	\$43.96 per 1,000 gallons	\$46.42	5.6%
Holding Tank Wastes	\$5.64 per 1,000 gallons	\$7.93	40.6%
Grease Trap Wastes	\$129.22 per 1,000 gallons	\$113.54	-12.1%
Settling Basin Wastes	\$309.58 per 1,000 gallons	\$286.90	-7.3%
Portable Toilet Wastes	\$130.64 per 1,000 gallons	\$127.09	-2.7%
Administrative Fee	\$44.89 per month	\$47.68	6.2%

Approved by Madison Metropolitan Sewerage District Commission on October 31, 2024.