



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.

Return Forms To:

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

Or via email: 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



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 domestic septage waste types: holding tank, septic tank, portable toilet, grease trap, and settling/catch basin.
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, lift station debris, salt pit contents, brine, rinsate, carpet cleaning wastewater, spill response 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: 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 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 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)

6. Ticket Information: The driver must provide load information by completing a disposal ticket at the time of each delivery. Information to be provided includes the address(es) from which the waste was collected, a statement of the type of waste, and the estimated volume of each waste type. Falsification of 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 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.
9. Payment for Services: All bills must be paid in full within thirty days of the invoice date. 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. As an alternative to loss of or denial of a permit, the Permittee may negotiate a payment schedule with the Chief Engineer and 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.

After reading the above provisions, please sign and date this application form and return it to the District for consideration. This application is not a permit to discharge septage waste.

MEMORANDUM

**Madison Metropolitan
Sewerage District**

TO: ALL PERMITTED WASTE HAULERS
FROM: PRETREATMENT COORDINATOR
SUBJECT: INSURANCE REQUIREMENTS FOR HOLDERS OF SEPTAGE PERMITS
DATE: 6/20/2023

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)	\$1,000,000
Products/Completed Operations Aggregate	\$1,000,000
Personal & Advertising Injury Liability	\$1,000,000
Each Occurrence	\$1,000,000

- ◆ 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 Employer's Liability	State Statutory Limits
Bodily Injury by Accident	\$100,000 each accident
Bodily Injury by Disease	\$500,000 policy limit
Bodily Injury by Disease	\$100,000 each employee

Umbrella Liability (Necessary only if General Liability & Automobile Liability limits of providers primary policies are less than \$1,000,000)

Each Occurrence and Aggregate	\$1,000,000
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***Worker's compensation insurance requirements in Wisconsin** guidance information is available. 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.

WORKER'S COMPENSATION INSURANCE REQUIREMENTS IN WISCONSIN

1. As an employer, when am I required to carry worker's compensation insurance?

Under the Worker's Compensation Act (Act), you must carry worker's compensation insurance if you do any one of the following:

1. Usually employ three or more full-time or part-time employees. You must have insurance immediately upon employing a third person.
2. Employ one or more full-time or part-time employees to whom you have paid combined gross wages of \$500 or more in any calendar quarter for work done at one or more locations in Wisconsin. You must have insurance by the 10th day of the first month of the next calendar quarter.
3. If you are a farmer who employs 6 or more workers on the same day for any 20 days during the calendar year. You must have insurance by the 10th day after the 20th day of employment. A calendar year is January through December. Note: Some of your relatives may not count as employees. Call us at (608) 266-3046 to see whether you need to count all your relatives among your employees.

2. Must out-of-state employers carry Wisconsin worker's compensation insurance?

Yes, you must carry the insurance if you have employees working in Wisconsin. The policy must be with an insurance company licensed to write worker's compensation in Wisconsin and endorsed to name Wisconsin as a covered state in section 3-A. Your insurance company must file the properly endorsed policy with the Wisconsin Compensation Rating Bureau. The Bureau's mailing address is P.O. Box 3080, Milwaukee, Wisconsin 53201-3080. The telephone number is (262) 796-4540. The Bureau's internet address is <http://www.wcrb.org>

3. Who is considered an employee and covered by the Worker's Compensation Act?

Nearly all private and public employees in Wisconsin are considered employees and covered under the Act, including:

- Part-time employees. Whether an employee works part-time or full-time has no bearing on the requirement to carry worker's compensation insurance.
- Family members. An employee's relationship to the owner has no bearing on the requirement to carry worker's compensation insurance (except for certain relatives of a farmer).
- Minors. An employee's age has no bearing on the requirement to carry worker's compensation insurance.
- Corporate officers.

4. Who is not considered an employee under the Worker's Compensation Act?

The following are the only workers who are not considered employees under the Act. Call us if you are not sure.

- Domestic servants.
- Any person whose employment is not in the trade, business, profession or occupation of the employer.
- Some farm employees (certain relatives of a farmer).
- Sole proprietors, partners and members of limited liability companies.
- Qualified and certified members of certain religious sects.
- Volunteers of non-profit organizations receiving salary or in-kind compensation totaling not more than \$10 per week.
- Employees of Native American tribal enterprises (including casinos), unless the tribe elects to waive its sovereign immunity and voluntarily become subject to the Act.

All worker's compensation policies exclude sole proprietors, partners or members of limited liability companies unless there is a specific written endorsement to include them. Sole proprietors, partners and members of limited liability companies may voluntarily purchase worker's compensation insurance to cover their own work-related injuries and illnesses.

5. What about independent contractors?

Under the Act, a person is required to meet a nine-part test before he or she is considered an independent contractor rather than an employee. A person is not an independent contractor for worker's compensation purposes just because the person says they are, or because the contractor over them says so, or because they both say so, or even if other regulators (including the federal government and other state agencies) say so. The nine-part statutory test set forth under s. 102.07(8), Wis. Stats., must be met before a person working under another person is considered not to be an employee.

6. What about corporations and corporate officers?

All worker's compensation policies covering corporations include corporate officers. However, in a closely held corporation, defined as a corporation with not more than 10 shareholders, no more than 2 officers may exclude themselves from coverage. If the corporation has other employees, and/or officers, an insurance policy is required and the exclusion for officers must be made by endorsement on the worker's compensation policy. The name(s) of the officer(s) must be given. The exclusion will remain in effect for the policy period. Officers who are excluded will still be counted in determining whether the employer is subject to the Act under s. 102.04(1)(b), Wis. Stats.

If a closely held corporation has no more than 2 corporate officers and has no other employees, a worker's compensation policy is not required if both officers elect not to be subject to the Act by completing and filing with the Department a Corporate Officer Option Notice. **A qualified corporation must complete and return a copy of the Corporate Officer Option Notice found on page 3.** Attach the completed notice to the Employer's Report form on pages 1 & 2 and mail or fax it to us within 15 days. **Note:** A corporation with more than two corporate officers or any other employee or employees is not eligible to file a Corporate Officer Option Notice with the department and must obtain and/or maintain a worker's compensation insurance policy.

7. What penalties may I receive for not carrying worker's compensation insurance?

We must and do enforce mandatory penalties if an employer does not obtain and maintain a worker's compensation insurance policy when required to have one. If you do not comply, you risk one or all of the following:

- You are subject to a penalty of double the insurance premiums you should have been paying during the uninsured period, or \$750, whichever is greater. Under certain circumstances, you may be subject to a penalty of \$100 for each day you're uninsured up to 7 days. (ss. 102.82(2)(a) and 102.82(2)(ag), Wis. Stats.)
- You face closure of your business, including a suspension of all operations. (s. 102.28(4), Wis. Stats.)
- You are personally liable for uninsured benefit claims for which your injured employees are eligible. (s. 102.28(5), Wis. Stats.)

8. How do I obtain worker's compensation insurance?

To obtain worker's compensation insurance, contact an insurance company or its agent and ask whether the company writes worker's compensation insurance for Wisconsin. If you have or know an insurance agent, you may contact him or her. If you are refused insurance coverage by a company, you may obtain coverage from the Wisconsin Compensation Rating Bureau through the Worker's Compensation Insurance Pool upon prepayment of premium. The Wisconsin Compensation Rating Bureau is located at 20700 Swenson Drive, Suite 100, Waukesha, Wisconsin. The mailing address is P.O. Box 3080, Milwaukee, Wisconsin 53201-3080. The telephone number is (262) 796-4540. The Bureau's internet address is <http://www.wcrb.org>

Note: The Wisconsin Compensation Rating Bureau *is not a State agency* and is not part of the Wisconsin Worker's Compensation Division. The State of Wisconsin *does not* write or provide worker's compensation insurance coverage.

9. Once an employer is required to get a worker's compensation insurance policy, how long does the employer have to keep it?

Quite awhile. Once an employer becomes subject to the Wisconsin Worker's Compensation Act (Act) under s. 102.04(1)(b), Wis. Stats., he or she remains subject to the Act unless the employer withdraws from the provisions of the Act under s. 102.05(1), Wis. Stats.

A subject employer is required to have a worker's compensation policy as long as he or she has one or more part-time or full-time employees. Even if a subject employer has only one part-time employee making less than \$500 per quarter, the employer must maintain the insurance for the remainder of that calendar year--and for the next calendar year--(a calendar year is January through December) before he or she is eligible to withdraw from being subject to the provisions of the Act.

If a subject employer lays off all his or her employees, the employer may drop their worker's compensation insurance while they have no employees, **however, the employer remains subject to the Act.** Therefore, because the employer has already become subject to the Act, **if the employer hires an employee at a later date, the employer must have a worker's compensation insurance policy in place on the date any employee begins working.** unless the employer has withdrawn from the Act.

Once a farmer is subject to the Act, the farmer is required to have a worker's compensation policy as long as he or she has one or more part-time or full-time employees. Even if a subject farmer has only one part-time employee, the farmer must maintain the insurance until he or she has gone a full calendar year without employing 6 or more employees on 20 or more days before he or she is eligible to withdraw from being subject to the provisions of the Act.

Note: Corporations can not withdraw from the provision of the Act. Closely held corporations (a corporation with not more than 10 stockholders) that have no more than two corporate officers and no other employees, may elect not to be subject to the Act by completing and filing with the Department a *Corporate Officer Option Notice*. A corporation with more than two corporate officers or any other employee is not eligible to file a Corporate Officer Option Notice and must obtain and/or maintain a worker's compensation insurance policy.

Call us at (608) 266-3046 if you are not sure whether or not you are subject to the Act or if you are not sure when you are required to have a worker's compensation policy.

10. As an employer, how do I benefit from the Wisconsin Worker's Compensation Act?

You receive benefits that can mean the difference between the success or failure of your business. If one of your employees gets hurt while working for you, you could be sued for damages, medical care, lost wages, and much more. By complying with the law and carrying appropriate worker's compensation insurance, you receive:

- Protection from most law suits brought by an employee because of a work-related illness or injury.
- Fair and prompt delivery of benefits to your employee who is injured on the job.
- Fair adjudication of disputes by a Worker's Compensation Division Administrative Law Judge.
- Fair and standard insurance premium rates approved by the Office of the Commissioner of Insurance.

11. Does my employee benefit from the Worker's Compensation Act?

If your employee does get hurt on the job, he or she can look to the worker's compensation system for prompt payment of benefits and fair adjudication of disputes.

12. I have additional questions regarding the requirement to obtain worker's compensation insurance. Who can I contact?

If you have questions regarding your obligation to obtain worker's compensation insurance, please write or call the Wisconsin Worker's Compensation Division, Bureau of Insurance Programs. Our mailing address is P.O. Box 7901, Madison, Wisconsin 53707-7901. Our telephone number is (608) 266-3046 or you can reach us by fax at (608) 266-6827. The Division's internet address is <http://dwd.wisconsin.gov/wc>

DWD is an equal opportunity employer and service provider. If you have a disability and need information in an alternate format, or need it translated to another language, please contact (608) 266-1340 voice or 1-866-265 3142 TTY.

13. What are some of the key statutes regarding employer liability to carry worker's compensation insurance and policy filing requirements under the Wisconsin Statutes?

Chapter 102	Worker's Compensation
Wisconsin Statute 102.03	Conditions of liability.
Wisconsin Statute 102.03(2)	Exclusive remedy, prevents an injured employee from suing an employer who has the required insurance in force at the time a work related injury occurs.
Wisconsin Statute 102.04	Definition of employer, when an employer becomes subject to the Act.
Wisconsin Statute 102.04(1)(c)	Definition of when a farmer becomes subject to the Act.
Wisconsin Statute 102.04(3)	Definition of farming.
Wisconsin Statute 102.05	Election by employer, withdrawal.
Wisconsin Statute 102.05(3)	Election by farmer, withdrawal.
Wisconsin Statute 102.07	Definition of an employee.
Wisconsin Statute 102.07(5)	Definition of a farm employee.
Wisconsin Statute 102.07(8)(b)	Definition of an independent contractor.
Wisconsin Statute 102.075	Election by sole proprietor, partner or member of limited liability company.
Wisconsin Statute 102.076	Election by corporate officer, corporate officer option under the Act.
Wisconsin Statute 102.28(2)	Required insurance, subject employers must be insured by an insurance company authorized to write worker's compensation in Wisconsin.
Wisconsin Statute 102.28(3)	Provision of Alternative Benefits, allows an exemption from the duty to insure religious sect members that qualify and are certified for an exemption.
Wisconsin Statute 102.28(4)	Closure Order, orders an employer to cease operations until the employer complies with s. 102.28(2)(a) by obtaining a worker's compensation insurance policy.
Wisconsin Statute 102.28(5)	Employer's liability.
Wisconsin Statute 102.31	Worker's compensation insurance; policy regulations.
Wisconsin Statute 102.80	Uninsured employers fund.
Wisconsin Statute 102.81	Compensation for injured employee of uninsured employer.
Wisconsin Statute 102.82(1)(2)(a) and (2)(ag)	Uninsured employer payments, reimbursement of the UEF for payments made under s. 102.81 and penalty assessed an uninsured employer for a lapse of worker's compensation insurance coverage.
Wisconsin Statute 102.83	Collection of uninsured employer payments.
Wisconsin Statute 102.835	Levy for delinquent payments.
Wisconsin Statute 102.85	Uninsured employers; penalties, penalties and forfeitures for uninsured employers who fail to comply with the Act.
DWD 80.62 (Administrative Code)	Uninsured employers fund.
DWD 80.65 (Administrative Code)	Notice of cancellation or termination.
Chapter 626	Rate regulation in worker's compensation insurance
Wisconsin Statute 626.03	Scope of application.
Wisconsin Statute 626.32	Development of rates by bureau.
Wisconsin Statute 626.35	Worker's compensation insurance contracts.

If you have questions regarding the Wisconsin Worker's Compensation Act or the requirements to carry worker's compensation insurance in Wisconsin, please call the Wisconsin Worker's Compensation Division, Bureau of Insurance Programs at (608) 266-3046.



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).

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

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

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

CANCELLATION

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



2024 Billing Rates

Service Charge Rates Comparison

Parameter	2024 Rate	% Change
CBOD	\$0.21967 per pound	26.2%
Suspended Solids	\$0.36928 per pound	10.6%
Nitrogen	\$0.57779 per pound	12.3%
Phosphorus	\$6.25775 per pound	8.4%

Septage Rates Comparison

Parameter	2023 Rate	2024 Rate	% Change
Septic Tank Wastes	\$35.50 per 1,000 gallons	\$43.96	23.8%
Holding Tank Wastes	\$4.85 per 1,000 gallons	\$5.64	16.3%
Grease Trap Wastes	\$90.36 per 1,000 gallons	\$129.22	43.0%
Settling Basin Wastes	\$244.57 per 1,000 gallons	\$309.58	26.6%
Portable Toilet Wastes	\$118.06 per 1,000 gallons	\$130.64	10.7%
Administrative Fee	\$41.64 per month	\$44.89	7.8%

Approved by Madison Metropolitan Sewerage District Commission on October 26, 2023.