

10. GREASE TRAP PUMPINGS

Disposal of pumping wastes from restaurant grease traps is regulated by the Department of Health and Welfare with authority for permitting and compliance delegated to the local health district. The applicable regulations, the Technical Guidance Manual, Regulations Governing the Cleaning of Septic Tanks Title 1, Chapter 15, section 01.15003,03.(c)&(d), allow for grease pumpings to be buried under earth material and/or desiccated in evaporative basins. Locations and methods of disposal are subject to approval by the local health district.

Policy of the Clay Peak Landfill

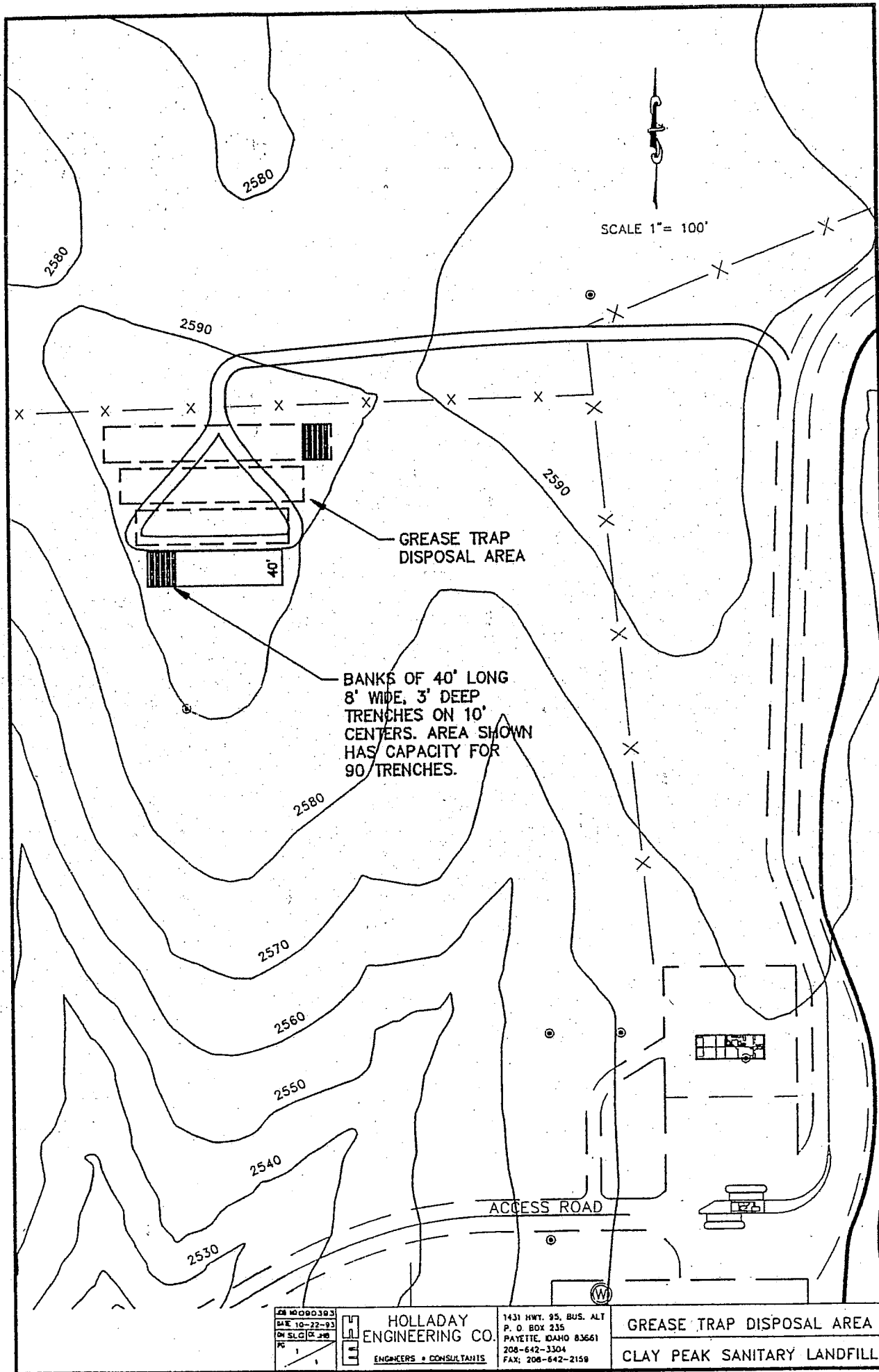
The County has obtained approval from the Southwest District Health Department (SWDHD) to dispose of grease trap pumpings using the methods of evaporative drying basins with removal of the desiccated material for final disposal in the landfill or for use in composting. The disposal site is located adjacent to the landfill on property owned by the County. The map at the end of this chapter shows the location of the disposal site in relationship to the landfill.

In the report titled FINAL HYDROGEOLOGIC CHARACTERIZATION, MONITORING SYSTEM AND FACILITY DESIGN OF THE CLAY PEAK SANITARY LANDFILL (HECO, March 1993) approved by DEQ on June 11, 1993 the location of the uppermost aquifer was established to be located at a depth of more than 300 feet in the vicinity of the landfill. The natural geologic protection of a 100 plus foot thick clay layer above the aquifer and below the landfill allowed the state to approve an unlined design for the facility. The area of application of the grease trap wastes is located in the same geologic setting as the landfill, but the site is located on an adjacent topographic ridge from which surface water will not drain into the landfill.

Management of the site will consist of excavation of evaporative basins forty feet long, eight foot wide, three feet deep into native material. Initially the grease wastes will be directly emptied into the basin. Wood chips will become available as a product of waste reduction measures which the County plans to implement to divert wood waste from burial at the landfill. The wood chips will be placed in the basins to a depth of two feet prior to

deposition of the grease wastes. This method is proposed to allow the grease to decompose under aerobic conditions. The SWDHD does not require that any soil material be placed over the grease wastes. If the facility becomes an attractive nuisance for vectors or produces offensive odors the county may backfill the basins with soil material.

Public access to the site will be controlled utilizing the landfill access control system. All grease trap waste haulers will pass through the main landfill gate before proceeding to the disposal area. Information will be collected from the haulers and will include waste origin, volume, and composition. All records will be kept on file at the landfill office and will become part of the operating record of the facility. Only grease from restaurants located in counties which have a contract with Payette County for disposal of municipal solid waste will be accepted.



GREASE TRAP DISPOSAL AREA

BANKS OF 40' LONG
8' WIDE, 3' DEEP
TRENCHES ON 10'
CENTERS. AREA SHOWN
HAS CAPACITY FOR
90 TRENCHES.

ACCESS ROAD

28 10000393
DATE 10-22-93
ON SLC R. #18
PC

**HOLLADAY
ENGINEERING CO.**
ENGINEERS & CONSULTANTS

1431 HWY. 95, BUS. ALT
P. O. BOX 235
PAYETTE, IDAHO 83661
208-642-3304
FAX: 208-642-2158

GREASE TRAP DISPOSAL AREA
CLAY PEAK SANITARY LANDFILL

LIQUID WASTE TRANSPORT MANIFEST

DATE: _____

TRANSPORTER 1

NAME: _____ SIGNATURE: _____
ADDRESS: _____
TELEPHONE: _____
TYPE OF WASTE: _____
GALLONS: _____
NET. WEIGHT: _____

FEE FIGURED AT: \$.10/GAL = \$25.00/TON = 8# PER GALLON

GENERATOR 1

NAME: _____ SIGNATURE: _____
ADDRESS: _____
TELEPHONE: _____
TYPE OF WASTE: _____
GALLONS: _____

GENERATOR 2

NAME: _____ SIGNATURE: _____
ADDRESS: _____
TELEPHONE: _____
TYPE OF WASTE: _____
GALLONS: _____

GENERATOR 3

NAME: _____ SIGNATURE: _____
ADDRESS: _____
TELEPHONE: _____
TYPE OF WASTE: _____
GALLONS: _____

GENERATOR 4

NAME: _____ SIGNATURE: _____
ADDRESS: _____
TELEPHONE: _____
TYPE OF WASTE: _____
GALLONS: _____

PLEASE NOTE THAT ALL SIGNATURES ABOVE DO HEREBY DECLARE THAT THE CONTENTS OF THIS SHIPMENT RECORD ARE TRUE AND ACCURATE AND COMPLY WITH ALL GOVERNMENT REGULATIONS REGARDING THE TRANSPORTATION OF LIQUID WASTE.

NOTICE: INACCURATE INFORMATION ON GALLONS OR CONTENTS IS GROUND FOR IMMEDIATE REJECTION, SUSPENSION, OR TERMINATION OF ALL LANDFILL PRIVILEGES.