



HAULED WASTEWATER DISCHARGE MANIFEST

(Form must be completed for each delivery.)

Hauler Name: _____

Hauler Address: _____

Hauler Phone Number: _____

Hauler's NE Certificate Number & Expiration Date: _____

WASTEWATER STREAM IDENTIFICATION (Must be completed and signed by the hauler.)

First Wastewater Pickup:

Complete Name of Generator: _____

Telephone Number: _____

Complete Pick-Up Address: _____

Source Type (Circle): Portable Toilet RV Residential Homes Other_____

Waste Type (Circle): Holding Tank Septage

Estimated Volume Collected (Gallons): _____ PH Level: _____

Second Wastewater Pickup:

Complete Name of Generator: _____

Telephone Number: _____

Complete Pick-Up Address: _____

Source Type (Circle): Portable Toilet RV Residential Homes Other_____

Waste Type (Circle): Holding Tank Septage

Estimated Volume Collected (Gallons): _____ PH Level: _____

Third Wastewater Pickup:

Complete Name of Generator: _____

Telephone Number: _____

Complete Pick-Up Address: _____

Source Type (Circle): Portable Toilet RV Residential Homes Other_____

Waste Type (Circle): Holding Tank Septage

Estimated Volume Collected (Gallons): _____ PH Level: _____

*The above-described wastewaters were pumped, hauled, and discharged as described above.
I certify under penalty of perjury that the foregoing is true and correct.*

Name: _____ Date: _____

HAULERS MUST CHECK IN AT PLANT OFFICE PRIOR TO DISCHARGING.