



PIMA COUNTY REGIONAL WASTEWATER RECLAMATION DEPARTMENT
INDUSTRIAL WASTEWATER CONTROL SECTION
SEPTAGE MANIFEST / TRACKING FORM

Appendix A

TRUCK LICENSE #:
COMPANY NAME:

TRUCK CAPACITY:
SEPTAGE DISPOSAL PERMIT #:

A) SOURCE FACILITY TYPE WASTE DESCRIPTION
NAME ADDRESS PHONE QUANTITY GALS COLLECTION DATE/TIME
GENERATOR OR HAULER SIGNATURE *OTHER

B) SOURCE FACILITY TYPE WASTE DESCRIPTION
NAME ADDRESS PHONE QUANTITY GALS COLLECTION DATE/TIME
GENERATOR OR HAULER SIGNATURE *OTHER

C) SOURCE FACILITY TYPE WASTE DESCRIPTION
NAME ADDRESS PHONE QUANTITY GALS COLLECTION DATE/TIME
GENERATOR OR HAULER SIGNATURE *OTHER

D) SOURCE FACILITY TYPE WASTE DESCRIPTION
NAME ADDRESS PHONE QUANTITY GALS COLLECTION DATE/TIME
GENERATOR OR HAULER SIGNATURE *OTHER

E) SOURCE FACILITY TYPE WASTE DESCRIPTION
NAME ADDRESS PHONE QUANTITY GALS COLLECTION DATE/TIME
GENERATOR OR HAULER SIGNATURE *OTHER

F) SOURCE FACILITY TYPE WASTE DESCRIPTION
NAME ADDRESS PHONE QUANTITY GALS COLLECTION DATE/TIME
GENERATOR OR HAULER SIGNATURE *OTHER

CERTIFICATION: I Certify that the information listed on this Septage Manifest / Tracking Form is true, accurate and complete to the best of my knowledge.

I am aware of the conditions and requirements of my septage disposal permit and understand that failure to comply with those conditions and requirements may result in the immediate suspension or revocation of my permit and its disposal privileges as well as the enforcement of possible penalties as may be allowed by law.

DRIVER'S NAME (PRINT)

DRIVER'S SIGNATURE DATE