



HAULED WASTEWATER DISCHARGE MANIFEST

SEPTAGE RECEIVING FACILITY

Manifest ID Number	Vehicle Number	Sample Bottle Number	Date and Time
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WASTEWATER STREAM IDENTIFICATION: The following information must be completed and signed by the hauler.

1. First Wastewater Pickup: A) Estimated Volume Collected (Gallons) _____

B) Complete Name of Generator _____ C) Telephone Number _____

D) Complete Pick Up Address _____

E) Source Type Carpet Cleaning Portable Toilet RV Residential Homes

F) Waste Type Holding Tank Septage

2. Second Wastewater Pickup: A) Estimated Volume Collected (Gallons) _____

B) Complete Name of Generator _____ C) Telephone Number _____

D) Complete Pick Up Address _____

E) Source Type Carpet Cleaning Portable Toilet RV Residential Homes

F) Waste Type Holding Tank Septage

3. Third Wastewater Pickup: A) Estimated Volume Collected (Gallons) _____

B) Complete Name of Generator _____ C) Telephone Number _____

D) Complete Pick Up Address _____

E) Source Type Carpet Cleaning Portable Toilet RV Residential Homes

F) Waste Type Holding Tank Septage

4. Hauler of Wastewater must complete the following information for each delivery.

A) Complete Name _____ Telephone Number _____

All Wastewaters are subject to the rules and procedures of Montgomery County Water Services.
 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.

B) Hauler Signature _____

SRF Administrator Office, Montgomery County Water Services
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