



CITY OF RICHMOND HAULED WASTE MANIFEST

Hauler/Discharger Name :	
Company Name:	
Truck Number:	
Permit Number:	
Company Address, City, State, Zip:	
Company Telephone:	
Vehicle License plate Number:	
Vehicle Tank Capacity (Gallons):	

Waste Description			
Septic Tank <input type="checkbox"/>	Landfill Leachate <input type="checkbox"/>	Mixed Grease Waste <input type="checkbox"/>	Chemical / Portable Toilet <input type="checkbox"/>
Sewage Holding Tank <input type="checkbox"/>	Grit / Debris Stormwater Systems <input type="checkbox"/>	Grit / Debris Wastewater Systems <input type="checkbox"/>	Other (Specify) _____ <input type="checkbox"/>

Business/Residence	Address	Contact	Contact Telephone	Amount Collected (Gallons)
ESTIMATED TOTAL				
ACTUAL TOTAL				

I hereby certify that all wastes being disposed of under this manifest are accurately identified in "Waste Description" portion of this manifest listed above. No wastes being disposed of or constituents thereof are listed as a RCRA hazardous waste or qualify as having characteristics of a hazardous waste as defined by 40 CFR 261 and that the foregoing is true and correct to the best of my knowledge and belief.

No concentrated loads of oil & grease or sludges will be accepted.

Signature of Hauler: _____ Date/time: _____

WWTP Receiving Personnel	Date / Time	pH / Temperature (C°)