



WASTE DISPOSAL MANIFEST (Portable Toilet Waste Only)

Instructions: Complete all blanks in Part 1. List each generator name, address, City, number of units serviced, and date of pickup; or identify route, general route location, City, number of units serviced, date of pickup and attach route sheet for that date. Record scale gross weight on the manifest before unloading, and tare weight after unloading.

PART 1: TO BE COMPLETED BY CARRIER

Carrier's Company Name _____

Business Address _____

Permit Number _____

Gross Weight _____ (-) Minus Tare Weight _____ (=) Equals Net Weight _____

Generator Name or Route ID	Generator or Route Street Address, City	No. of units serviced	Date of Pick Up

I hereby certify that the foregoing is true and correct to the best of my knowledge, and that this shipment does not contain any hazardous wastes as defined in 40 CFR Part 261 or otherwise harmful ingredients which might adversely affect the wastewater treatment plant process. I understand that there are significant penalties for submitting false information.

Authorized Agent _____ Date _____

PART 2: TO BE COMPLETED BY RECEIVING PARTY

PLANT OPERATOR (Receiving Party) _____

DATE & TIME RECEIVED AND DISPOSED _____

Comments _____

LABORATORY RESULTS
(reported in mg/l):

COD _____	BOD _____	TSS _____	pH _____
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