



CITY OF SALISBURY

Date: _____
Time: _____

WASTE TRACKING FORM

SEPTAGE TREATMENT TICKET NUMBERS: _____

WASTE HAULER INFORMATION

Company Name _____ Hauler I.D. # or Permit # _____
Address _____
Telephone Number _____
Truck Make and Model _____
Truck Capacity _____ Truck License _____
Other Permits: Authority: _____ Number: _____

A SEPARATE MANIFEST MUST BE COMPLETED FOR EACH TANK PUMPED

SOURCE(S) OF WASTE

- Customer 1) Name of Company/Residence _____
Name of Owner/Contact _____
Address _____
Telephone Number _____
Type of Establishment (e.g., Home, Restaurant, Industry) _____
Has waste been sampled? Yes _____ No _____
If yes, attach results.
Total quantity hauled from source _____ gal.
Time waste was pumped? _____ Date _____
- Customer 2) Name of Company/Residence _____
Name of Owner/Contact _____
Address _____
Telephone Number _____
Type of Establishment (e.g., Home, Restaurant, Industry) _____
Has waste been sampled? Yes _____ No _____
If yes, attach results.
Total quantity hauled from source _____ gal.
Time waste was pumped? _____ Date _____
- Customer 3) Name of Company/Residence _____
Name of Owner/Contact _____
Address _____
Telephone Number _____
Type of Establishment (e.g., Home, Restaurant, Industry) _____
Has waste been sampled? Yes _____ No _____
If yes, attach results.
Total quantity hauled from source _____ gal.
Time waste was pumped? _____ Date _____

I hereby certify that the information listed above is true and

accurate, _____ (Waste Hauler)

Verified by: _____ (POTW Operator)