



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

TRUCK LICENSE #:  
COMPANY NAME:

TRUCK CAPACITY:  
SEPTAGE DISPOSAL PERMIT #:

<b>A) SOURCE</b>	<b><u>FACILITY TYPE</u></b>	<b><u>WASTE DESCRIPTION</u></b>
NAME _____	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> SEPTIC TANK
ADDRESS _____	<input type="checkbox"/> CHEMICAL TOILET	
PHONE _____	<input type="checkbox"/> OTHER (SPECIFY)*	
QUANTITY _____ GALS	COLLECTION DATE/TIME	
GENERATOR OR HAULER SIGNATURE _____	*OTHER	

<b>B) SOURCE</b>	<b><u>FACILITY TYPE</u></b>	<b><u>WASTE DESCRIPTION</u></b>
NAME _____	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> SEPTIC TANK
ADDRESS _____	<input type="checkbox"/> CHEMICAL TOILET	
PHONE _____	<input type="checkbox"/> OTHER (SPECIFY)*	
QUANTITY _____ GALS	COLLECTION DATE/TIME	
GENERATOR OR HAULER SIGNATURE _____	*OTHER	

<b>C) SOURCE</b>	<b><u>FACILITY TYPE</u></b>	<b><u>WASTE DESCRIPTION</u></b>
NAME _____	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> SEPTIC TANK
ADDRESS _____	<input type="checkbox"/> CHEMICAL TOILET	
PHONE _____	<input type="checkbox"/> OTHER (SPECIFY)*	
QUANTITY _____ GALS	COLLECTION DATE/TIME	
GENERATOR OR HAULER SIGNATURE _____	*OTHER	

<b>D) SOURCE</b>	<b><u>FACILITY TYPE</u></b>	<b><u>WASTE DESCRIPTION</u></b>
NAME _____	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> SEPTIC TANK
ADDRESS _____	<input type="checkbox"/> CHEMICAL TOILET	
PHONE _____	<input type="checkbox"/> OTHER (SPECIFY)*	
QUANTITY _____ GALS	COLLECTION DATE/TIME	
GENERATOR OR HAULER SIGNATURE _____	*OTHER	

<b>E) SOURCE</b>	<b><u>FACILITY TYPE</u></b>	<b><u>WASTE DESCRIPTION</u></b>
NAME _____	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> SEPTIC TANK
ADDRESS _____	<input type="checkbox"/> CHEMICAL TOILET	
PHONE _____	<input type="checkbox"/> OTHER (SPECIFY)*	
QUANTITY _____ GALS	COLLECTION DATE/TIME	
GENERATOR OR HAULER SIGNATURE _____	*OTHER	

<b>F) SOURCE</b>	<b><u>FACILITY TYPE</u></b>	<b><u>WASTE DESCRIPTION</u></b>
NAME _____	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> SEPTIC TANK
ADDRESS _____	<input type="checkbox"/> CHEMICAL TOILET	
PHONE _____	<input type="checkbox"/> OTHER (SPECIFY)*	
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 \_\_\_\_\_