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| **GENERATOR INFO** | **GENERAL INFORMATION** |
| Identify each location (site name and address) that generated wastewater for disposal. Use the back of this form if more space is needed.  |
| Name:       | Address:       |
| City:       | State:       | Zip:       | Phone:       |
| Comments:       |
| **PERMIT/WASTE TYPE AND VOLUME** |
| **Domestic Waste Discharge Permit Number:** **Expiration Date:**[ ]  Household Septic Tank       Gallons[ ]  Portable Toilet (Port-A-Johns, Porta-Potties)       Gallons[ ]  Sanitary Sewer System Cleanout/Repair       Gallons[ ]  Domestic Graywater       Gallons |
| **Generator Discharge Permit Number:** **Expiration Date:**[ ]  Industrial Wastewater       Gallons[ ]  Landfill Leachate       Gallons[ ]  Wastewater Treatment Plant Sludge (i.e. Digester, RAS, WAS, ETC.)       Gallons[ ]  Other:             Gallons |
| **Special Discharge Permit Number:** **Expiration Date:**Wastewater Source:             Gallons |
| As the representative for the generator of this hauled waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Virginia Department of Environmental Quality (VADEQ) to receive these wastes. **(Generator signature not necessary for domestic waste discharges)**Printed Name:       Signature: Date:  |
| **TRANSPORTER INFO** | **GENERAL INFORMATION** |
| Business Name:       | Address:       |
| City:       | State:       | Zip:       | Phone:       |
| Driver Name:       | Vehicle License Number:       |
| As the representative for the transporter of this waste, I certify that the information provided is true and correct and properly characterized; and that this waste was collected in accordance with the County of Henrico Liquid Hauled Waste Policy and the County Code.Printed Name:       Signature: Date:  |
| **COUNTY USE** | Ticket Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments: |