|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: | | | | |