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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: |