

**County of Henrico Department of Public Utilities  
Liquid Hauled Waste Manifest Form**

HAULER INFORMATION			
Business Name:		Address:	
City:	State:	Zip:	Phone:
Driver Name:		Vehicle License Number:	
Liquid Hauled Waste Discharge Permit Number: _____			Expiration Date: _____

SITE INFORMATION			
Identify <b>each</b> location (site name and address) that generated wastewater for disposal. Attach list if more space is needed.			
Name:		Address:	
City:	State:	Zip:	Phone:
Comments:			

WASTE TYPE AND VOLUME	
<input type="checkbox"/> Residential Septic Tank	_____ Gallons
<input type="checkbox"/> Commercial Septic Tank	_____ Gallons
<input type="checkbox"/> Portable Toilet (Port-A-Johns, Porta-Potties)	_____ Gallons
<input type="checkbox"/> Sanitary Sewer System Cleanout/Repair	_____ Gallons
<input type="checkbox"/> Domestic Graywater	_____ Gallons
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.	
Hauler Name: _____	Signature: _____ Date: _____

GENERATOR/SPECIAL DISCHARGE PERMIT/WASTE TYPE AND VOLUME	
Discharge Permit Number: _____	Expiration Date: _____
<input type="checkbox"/> Industrial Wastewater	_____ Gallons
<input type="checkbox"/> Landfill Leachate	_____ Gallons
<input type="checkbox"/> Wastewater Treatment Plant Sludge (i.e. Digester, RAS, WAS, ETC.)	_____ Gallons
<input type="checkbox"/> Other: _____	_____ Gallons
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 Name: _____	Signature: _____ Date: _____

<b>COUNTY USE</b>	Ticket Number: _____ Account Number: _____
	Comments: