

Septage, Stormwater and Other Non-Hazardous Waste Single Load Liquid Waste Transporter eManifest

| A: Liquid Waste Transporter Information | C: WASTE - ANY WASTE IDENTIFIED AS "OTHER WASTE" HEREIN REQUIRES PRIOR APPROVAL FROM RER-DERM/WASD | | | | | | | | | | | D: Gallons & Date | | | |
|---|--|---|--|---|----------------------------|-----------------------------|------------------------------|---|----------------------------------|--|--|-------------------|--------------------------------|--------------------|-------------|
| Company Name: _____ DERM Decal No.: _____ Vehicle License Plate: _____ Vehicle Full Load Capacity: _____ Gallons | Septage | | | | Stormwater | | | Subtotal Septage & Stormwater (gallons) | OTHER WASTE* | | | | Subtotal OTHER Waste (gallons) | Subtotal ALL Waste | Date Pumped |
| | Biosolids (e.g., Package Sewage Treatment Plants) | Sewage (e.g., manholes, mains, pump stations) | Onsite Sewage Treatment & Disposal Systems | Grey Water (e.g., Cruise Ship Grey Water) | Portable /Chemical Toilets | Catch Basins / Storm Drains | Retention / Detention Basins | | Pump Stations | | | | | | |
| B: Origination of Waste | | | | | | | | | | | | | | | |
| Facility Name: _____ Facility Address: _____ | | | | | | | | | | | | | | | |
| Facility Name: _____ Facility Address: _____ | | | | | | | | | | | | | | | |
| Facility Name: _____ Facility Address: _____ | | | | | | | | | | | | | | | |
| Facility Name: _____ Facility Address: _____ | | | | | | | | | | | | | | | |
| Facility Name: _____ Facility Address: _____ | | | | | | | | | | | | | | | |
| Facility Name: _____ Facility Address: _____ | | | | | | | | | | | | | | | |
| Facility Name: _____ Facility Address: _____ | | | | | | | | | | | | | | | |
| Attach Additional Sheets if more than 6 Facilities/Locations Pumped! | Gallons Septage & Stormwater this Load: | | | | | | | | Gallons "OTHER WASTE" this Load: | | | | | Gallons | |
| E: Liquid Waste Transporter Certification | | | | | | | | | | | | | | | |
| OTHER WASTE*: <input type="checkbox"/> YES <input type="checkbox"/> NO Total Waste Unloaded: _____ Gallons Date Waste Unloaded: _____ Time Waste Unloaded: _____ AM or PM | | | | | | | | | | | | | | | |
| I certify that the information in Section A, B, C, D & E herein is true and accurate, and that only waste included in Section C from facilities listed in the " Origination of Waste " Section B is contained in this service vehicle load/transporter truck/tank. I understand that comingling grease interceptor waste with any other waste is prohibited. If "OTHER WASTE" is identified above, I have attached RER-DERM/WASD approval letter(s) to this manifest. I am aware that hauling/transporting/dumping of any waste other than Septage and Stormwater without RER-DERM/WASD approval is prohibited and may result in enforcement and prosecution. If "Portable/Chemical Toilets" is identified above, I certify that formalin or formaldehyde-based disinfectants/deodorizers or similar chemicals have not been used or contained in this service vehicle load/transporter truck/tank. Furthermore, I am aware that falsification of this manifest may result in enforcement and prosecution. | | | | | | | | | | | | | | | |
| Driver Name (PRINT): _____ Driver Signature: _____ | | | | | | | | | | | | | | | |
| F: Disposal Facility Certification | | | | | | | | | | | | | | | |
| Disposal Facility Name: _____ Address: _____ | | | | | | | | | | | | | | | |
| Ticket No.:** _____ Date Waste Unloaded: ____/____/____ Total Waste Unloaded: _____ Gallons | | | | | | | | | | | | | | | |
| I certify that the information in Sections A & F is true and accurate. I am aware that falsification of this manifest may result in prosecution. | | | | | | | | | | | | | | | |
| Operator Name (PRINT): _____ Operator Signature: _____ | | | | | | | | | | | | | | | |

*** Attach RER-DERM/WASD Approval Letters for OTHER WASTE ** Attach Disposal Facility Ticket**