

City of Sioux City Wastewater Treatment Plant Hauled Waste Disposal Form

Date: _____ Time: _____ Driver: _____ Hauler Company: _____

Origin of Waste

Company Name: _____ City: _____

Type of Waste: _____ Time of Sample: _____

Company Name: _____ City: _____

Type of Waste: _____ Time of Sample: _____

Amount of Waste to be Discharged to the WWTP: _____ gallons

I hereby certify, to the best of my knowledge, that the wastewater described above does not contain hazardous waste or toxic materials as defined by Federal, State, or Sioux City Code. Nor is there septic waste comingled. I further certify that the information listed is true and accurate.

Signature: _____ Date: _____

TO BE COMPLETED BY LAB PERSONNEL:

Date: _____

pH: _____ Time: _____ Volume: _____

City of Sioux City Wastewater Treatment Plant Hauled Waste Disposal Form

Date: _____ Time: _____ Driver: _____ Hauler Company: _____

Origin of Waste

Company Name: _____ City: _____

Type of Waste: _____ Time of Sample: _____

Company Name: _____ City: _____

Type of Waste: _____ Time of Sample: _____

Amount of Waste to be Discharged to the WWTP: _____ gallons

I hereby certify, to the best of my knowledge, that the wastewater described above does not contain hazardous waste or toxic materials as defined by Federal, State, or Sioux City Code. Nor is there septic waste comingled. I further certify that the information listed is true and accurate.

Signature: _____ Date: _____

TO BE COMPLETED BY LAB PERSONNEL:

Date: _____

pH: _____ Time: _____ Volume: _____