

Septage and FOG Single Load Liquid Waste Transporter Manifest

DERM_V1.00_02-17-2015

Section 1: Liquid Waste Transporter Information		Section 3: Waste Type, Gallons & Date Pumped					
Company Name: _____	Fats, Oil & Grease Grease Trap/Grease Interceptor (Gallons)	Residential Septic Tank	Portable Toilet/Chemical Toilet	Other:	Other:	Sub-Total Waste (Gallons)	Date Pumped
DERM Decal No.: _____							
Vehicle License Plate: _____							
Vehicle Full Load Capacity: _____ Gallons							
Section 2: Origination of Waste							
Facility Name: _____							
Facility Address: _____	GDO: _____						
Facility Name: _____							
Facility Address: _____	GDO: _____						
Facility Name: _____							
Facility Address: _____	GDO: _____						
Facility Name: _____							
Facility Address: _____	GDO: _____						
Facility Name: _____							
Facility Address: _____	GDO: _____						
Attach Additional Sheets if more than 5 sites Pumped this Load		Total Waste this Load: _____ Gallons					
Section 4: Transporter Certification							
Print Driver Name: _____				Driver Signature: _____			
Total Waste Unloaded: _____ Gallons		Date Waste Unloaded: _____		Time Waste Unloaded: _____		AM or PM	
<p>By signing Section 4, I certify that the information in Section 1, 2 & 3 above is true and accurate, and that only the facilities listed in the "Origination of Waste" section is contained in this service vehicle/hauler truck tank. I also certify that the <u>attached disposal ticket corresponds with this manifest</u>. I understand that the discharge of any waste other than grease waste, septic tank waste, or portable toilet waste from customers in the Miami-Dade County jurisdiction must be approved before the waste is transported to the South District Wastewater Treatment Facility. I am aware that falsification of this manifest may result in prosecution.</p>							
Section 5: Disposal Facility Certification							
Disposal Location: _____		Ticket No.: _____		Date Waste Unloaded: _____			
DERM Decal No.: _____		Vehicle Full Load Capacity: _____ Gallons		Total Waste Unloaded: _____		Gallons	
Operator Name: _____				Operator Signature: _____			
<p>By signing Section 5, I certify that the information in Section 5 is true and accurate.</p>							
>>>>>>Attach Disposal Facility Ticket<<<<<<<							