2018/2019 Septage, Stormwater and Other Non-Hazardous Waste Single Load Liquid Waste Transporter eManifest

A: Liquid Waste Transporter Information

Company Name:

DERM Decal No.:

Vehicle License Plate:

Vehicle Full Load Capacity: Gallons

C: WASTE - ANY WASTE IDENTIFIED AS "OTHER WASTE" HEREIN REQUIRES PRIOR APPROVAL FROM RER-DERM/WASD

D: Gallons & Date

B: Origination of Waste	Septage					Stormwater				OTHER WASTE*						
	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	Subtotal Septage & Stormwater (gallons)					Subtotal OTHER Waste (gallons)	Subtotal ALL Waste	Date Pumped
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*: ☐ YES ☐ 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/disposing 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/trasnporter 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**