# PIMA COUNTY REGIONAL WASTEWATER RECLAMATION DEPARTMENT
## INDUSTRIAL WASTEWATER CONTROL SECTION
## SEPTAGE MANIFEST / TRACKING FORM

### A) SOURCE
- **FACILITY TYPE**
- **WASTE DESCRIPTION**
  - Residential
  - Septic Tank
  - Chemical Toilet
  - Other (Specify)*
- **NAME**
- **ADDRESS**
- **PHONE**
- **QUANTITY**
- **GALS**
- **COLLECTION DATE/TIME**
- **GENERATOR OR HAULER SIGNATURE**
- **OTHER**

### B) SOURCE
- **FACILITY TYPE**
- **WASTE DESCRIPTION**
  - Residential
  - Septic Tank
  - Chemical Toilet
  - Other (Specify)*
- **NAME**
- **ADDRESS**
- **PHONE**
- **QUANTITY**
- **GALS**
- **COLLECTION DATE/TIME**
- **GENERATOR OR HAULER SIGNATURE**
- **OTHER**

### C) SOURCE
- **FACILITY TYPE**
- **WASTE DESCRIPTION**
  - Residential
  - Septic Tank
  - Chemical Toilet
  - Other (Specify)*
- **NAME**
- **ADDRESS**
- **PHONE**
- **QUANTITY**
- **GALS**
- **COLLECTION DATE/TIME**
- **GENERATOR OR HAULER SIGNATURE**
- **OTHER**

### D) SOURCE
- **FACILITY TYPE**
- **WASTE DESCRIPTION**
  - Residential
  - Septic Tank
  - Chemical Toilet
  - Other (Specify)*
- **NAME**
- **ADDRESS**
- **PHONE**
- **QUANTITY**
- **GALS**
- **COLLECTION DATE/TIME**
- **GENERATOR OR HAULER SIGNATURE**
- **OTHER**

### E) SOURCE
- **FACILITY TYPE**
- **WASTE DESCRIPTION**
  - Residential
  - Septic Tank
  - Chemical Toilet
  - Other (Specify)*
- **NAME**
- **ADDRESS**
- **PHONE**
- **QUANTITY**
- **GALS**
- **COLLECTION DATE/TIME**
- **GENERATOR OR HAULER SIGNATURE**
- **OTHER**

### F) SOURCE
- **FACILITY TYPE**
- **WASTE DESCRIPTION**
  - Residential
  - Septic Tank
  - Chemical Toilet
  - Other (Specify)*
- **NAME**
- **ADDRESS**
- **PHONE**
- **QUANTITY**
- **GALS**
- **COLLECTION DATE/TIME**
- **GENERATOR OR HAULER SIGNATURE**
- **OTHER**

### CERTIFICATION
- I certify that the information listed on this Septage Manifest / Tracking Form is true, accurate and complete to the best of my knowledge.

- *I am aware of the conditions and requirements of my septage disposal permit and understand that failure to comply with those conditions and requirements may result in the immediate suspension or revocation of my permit and its disposal privileges as well as the enforcement of possible penalties as may be allowed by law.*

- **DRIVER'S NAME (PRINT)**
- **DRIVER'S SIGNATURE**
- **DATE**