CHAPTER 11-62 FORM B
WASTEWATER SLUDGE PUMPING AND HAULING REPORT
Revised 11/01/06

FROM: _____ TO: _____

YOUR COMPANY NAME: _____ Registration Number: _____

VEHICLE LICENSE: _____

DATE OF PICKUP/ PUMPING	FACILITY OR OWNER'S NAME (SOURCE)	STREET NUMBER	STREET NAME	UNIT #	ZIP CODE	TMK (IF NO ADDRESS ASSIGNED)	VOLUME PUMPED (PICKUP AMOUNT) (gallons)	WASTE TYPE (Grease, Septage, Sludge, Special Waste, etc)	DATE OF DISPOSAL (Discharge Date)	DISPOSAL SITE (Discharge Site)	DRIVER INITIALS