CHAPTER 11-62 FORM B
WASTEWATER SLUDGE PUMPING AND HAULING REPORT
Revised 12/15/2014

START DATE: _____ END DATE: _____

YOUR COMPANY NAME: _____ REGISTRATION NUMBER: _____

VEHICLE LICENSE: _____

DATE OF PICKUP	**FACILITY OR OWNER'S NAME** (Source)	**STREET ADDRESS** or **TAX MAP KEY**	**VOLUME PUMPED** (Gallons, C.Y., Wet Tons)	**TEST RESULTS** (pH, SS, MLSS)	**WASTE TYPE** (Grease, Cesspool, Septage, Sludge, Special Waste, etc)	**DATE OF DISPOSAL**	**DISPOSAL SITE** (Facility Name)	**DRIVER'S INITIALS**