## WASTEWATER SLUDGE PUMPING AND HAULING REPORT Revised 07/18/2025

YOUR COMPANY NAME:	START DATE:
DOH REGISTRATION NO.:	END DATE:
VEHICLE LICENCE.	

DATE OF	FACILITY OR OWNER'S NAME		VOLUME PUMPED (Gallons, C.Y.,	WASTE TYPE (Grease, Cesspool, Domestic, Sludge,	DATE OF	DISPOSAL SITE	DRIVER'S
PICKUP	(Source)	STREET ADDRESS or TAX MAP KEY	Wet Tons)	Non-Domestic, etc)	DISPOSAL	(Facility Name)	INITIALS
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