



Water Pollution Control Facility
Hauled Waste Manifest

Hauler Information	
Company _____	Phone () _____
Address _____	City _____
Truck Number _____	Tank Capacity _____ gallons

Waste Generator Information	
1. Facility Name _____	Phone () _____
Facility Contact _____	
Address _____	City _____
Date Pumped _____	Gallons Pumped _____
Provide a short description of the waste: _____ _____	
2. Facility Name _____	Phone () _____
Facility Contact _____	
Address _____	City _____
Date Pumped _____	Gallons Pumped _____
Provide a short description of the waste: _____ _____	
If additional sites were included in this load attach another manifest.	

I certify under penalty of law that this manifest was prepared by me or under my direct supervision. The information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that the wastes covered by this manifest are not hazardous as defined by 40 CFR Part 261 and that all discharges made are in accordance and compliance with requirements specified in the Ames Municipal Code.

Name (Printed): _____ Signature: _____ Date: _____

Received by (Please Print): _____	Date: _____	Time: _____ AM/PM
Sample Collected: Yes <input type="checkbox"/> No <input type="checkbox"/>	pH: _____	
Comments: _____		