

DOMESTIC WASTEWATER LOG

Please PRINT all information

WASTEWATER GENERATOR

Name of Company or Homeowner: _____

Telephone Number: _____

Or Address: _____

WASTEWATER CARRIER

Company Name: _____

Telephone Number: _____

Driver's Signature: _____ Print Name: _____

Date: _____

Year

Month

Day

Time: _____ am
 pm

Load	Attendant's Signature

INSTRUCTIONS AND INFORMATION

The liability for the wastes disposed of at the Town's facility shall always remain with the CARRIER.

COMMENTS: _____
