

Waste Tracking Form

for EPGMD Decal Number _____
to the Broward County, Septage Receiving Facility

Hauler: _____

Account Number _____

Permit Number _____

Pick up Date	Waste Pick up Location Name/ Address/Phone Number	Waste Class Type of Waste	Estimated Volume (Gal.)
1.		<input type="checkbox"/> Business <input type="checkbox"/> Residence	
2.		<input type="checkbox"/> Business <input type="checkbox"/> Residence	
3.		<input type="checkbox"/> Business <input type="checkbox"/> Residence	
4.		<input type="checkbox"/> Business <input type="checkbox"/> Residence	

Waste origin: Dade Broward Palm Beach Other _____

Vehicle cleaning needed? Yes No

Transporting liquid waste? Yes No

I certify that the information listed here is true, accurate and complete.

Driver Name _____ Signature _____

To be completed by Septage Receiving Facility Operator:

Date _____ Time _____ Ticket # _____ Initials _____