# Waste Tracking Form

for EPGMD Decal Number__________
to the Broward County, Septage Receiving Facility

**Hauler:** ______________________________________

**Account Number** __________

**Permit Number** __________

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<table>
<thead>
<tr>
<th>Pick up Date</th>
<th>Waste Pick up Location Name/ Address/Phone Number</th>
<th>Waste Class Type of Waste</th>
<th>Estimated Volume (Gal.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>□ Business □ Residence</td>
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<td>3.</td>
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<td>□ Business □ Residence</td>
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<tr>
<td>4.</td>
<td></td>
<td>□ Business □ Residence</td>
<td></td>
</tr>
</tbody>
</table>

**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** ______________________

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To be completed by Septage Receiving Facility Operator:

**Date** __________  
**Time** __________  
**Ticket #** __________  
**Initials** ______________________