

FAIRFAX COUNTY

SEWAGE HANDLING MANIFEST

PUMP-OUT CONTRACTOR NAME _____

DRIVER'S NAME _____

TRUCK NUMBER _____

DATE & TIME DELIVERED _____

TOTAL GALLONS DELIVERED _____

FOR COUNTY USE
AWT Operator _____ Sample pH _____ Comments:

	TYPE OF WASTE	QUANTITY
Customer name _____ Street address _____ City/State _____ Phone number _____	<input type="checkbox"/> Residential septic tank <input type="checkbox"/> Commercial septic tank <input type="checkbox"/> Portable toilet <input type="checkbox"/> Restaurant grease trap <input type="checkbox"/> Sewage ejector pit <input type="checkbox"/> Car wash <input type="checkbox"/> Other, specify:	

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CERTIFICATION STATEMENT: I hereby certify that the information on this form is true, complete and accurate to the best of my knowledge. I am aware that there are severe penalties for the submission of false information, including the possibility of fine and imprisonment.

Signature of Pump-Out Contractor Driver