

**GLASGOW WATER & SEWER COMMISSION
NON-HAZARDOUS WASTE MANIFEST**

Date of Waste Pickup: _____ Date of Discharge to WWTP: _____

Waste Generator's Name: _____

Waste Generator's Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone Number: _____

Contact Person: _____

Waste Type: Grease Tank _____ Septic Tank _____ Storage Tank _____

Volume of Waste: _____

Hauler's Company Name: _____

Truck Driver Signature: _____

Comments Regarding Load: _____

For WWTP Use Only:

Load Checked In By: _____ Time Discharged: _____

pH: _____ Other Tests Performed: _____

Sample Saved for Additional Analysis: Yes _____ No _____ Volume Saved: _____

Generator Contacted: _____ Load Verified: Yes: _____ No: _____

Load Accepted: _____ Rejected: _____

If Rejected State Reason: _____

Billing Notification to Office: _____