

Charles County Department of Utilities - Waste Hauler Source Tracking Log

Company Name: _____

Contact Person: _____

Company Phone #: () _____

Truck/Tag #: _____

Company Address: _____

Month: _____ Year: _____

#	Date	Source / Address / Phone Number	Gallons (approx)	Waste Classification*	Scale Ticket #	Driver's Name
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

* - Waste Classification must be listed as one of the following: Septage; Holding Tank; Portable Toilet Waste; Industrial; Sludge; Grease Interceptor; or Other (must be identified)

"I certify under penalty of law that the information contained in this document and any attachments is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Date: _____

Signature of Authorized Representative: _____

Title: _____

Date Received By Pretreatment Specialist: _____

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NOTE: THIS LOG MUST BE SUMITTED BY THE 10TH OF EACH MONTH