



Hauled Waste Discharge Log

Due by the 15th of the following month

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Waste Discharge Report For: (Month) _____ (Year) _____

Company Name _____ Truck Permit Number _____

Type of Waste Discharged: Grease Waste Septic Waste Portable Toilet Waste

When Complete: Mail to - Metro Water Recovery
 Attn: Industrial Pretreatment H.W.
 6450 York Street Denver, CO 80229

OR

Place in Manifest Drop Box Next to the Dump Station

Date Pumped	Time Pumped	Name of Generator	Size of Tank Pumped	Gallons Pumped from Tank	
Date Discharged	Time Discharged	Generator Address	Contact Person/Phone	Residential	Commercial
Date Pumped	Time Pumped	Name of Generator	Size of Tank Pumped	Gallons Pumped from Tank	
Date Discharged	Time Discharged	Generator Address	Contact Person/Phone	Residential	Commercial
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