



# Hauled Waste Discharge Log

Due by the 15<sup>th</sup> of the following month

Page \_\_\_\_\_ Of \_\_\_\_\_

Waste Discharge Report For (Month): \_\_\_\_\_ (Year): \_\_\_\_\_

Company Name: \_\_\_\_\_ Truck Permit Number: \_\_\_\_\_

- Type of Waste Discharged:  Grease Waste  Septic Waste  Portable Toilet Waste  
 Sewer Cleanings (Connectors Only)  No Hauled Waste Discharged this month

**When Complete Mail to:** Metro Water Recovery  
 Attn: Industrial Pretreatment (Hauled Wastes)  
 6450 York Street, Denver, CO 80229

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
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



# Hauled Waste Discharge Log

Due by the 15<sup>th</sup> of the following month

Page \_\_\_\_\_ Of \_\_\_\_\_

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
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
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



# Hauled Waste Discharge Log

Due by the 15<sup>th</sup> of the following month

Page \_\_\_\_\_ Of \_\_\_\_\_