

LCA WASTE HAULER OPERATING GUIDELINES

SECTION D

Hauler Manifests

Manifest books will be supplied for all approved haulers. An example of a blank form is found on page D-2.

A completed manifest must include:

- Generator information
 - The generator, home owner, business location, or an appropriate identifying name of the client.
 - The PHYSICAL address of where the waste stream was picked up.
 - The date and time of pick-up.
 - The type of waste stream – holding tank, septic, grease, portable toilets, car wash, or assigned site code
 - When picking up a Special Waste, a generator's signature MUST be attained.
 - The number of gallons
- Hauler information
 - Company name
 - Trailer license number
 - Truck capacity
 - How much the truck can hold, not how much is picked up.
 - If multiple manifest pages are used for a single truck load, list the manifest numbers on all pages.
 - Driver name and signature
- Receiver and result section should be left blank. These section are for plant personnel use only.

Refer to page D-3 for an example of a completed manifest form. Please share this with your drivers so they are aware.

LCA WASTE HAULER OPERATING GUIDELINES SECTION D



PrintConcepts (610) 391-0600 Fax (610) 391-9898

LEHIGH COUNTY AUTHORITY WASTEWATER PLANT Hauler Liquid Waste Manifest

No. _____

GENERATOR	Name: _____ Address: _____ City/State: _____ Zip Code: _____ Pick Up Date & Time: _____	Gallons: _____	1. Holding _____ 2. Septic _____ 7. Grease _____ 8. P. Toilets _____	Site Code: <input style="width: 100%;" type="text"/> Gallons: _____ Generator's Signature: _____
	Name: _____ Address: _____ City/State: _____ Zip Code: _____ Pick Up Date & Time: _____	Gallons: _____	1. Holding _____ 2. Septic _____ 7. Grease _____ 8. P. Toilets _____	Site Code: <input style="width: 100%;" type="text"/> Gallons: _____ Generator's Signature: _____
	Name: _____ Address: _____ City/State: _____ Zip Code: _____ Pick Up Date & Time: _____	Gallons: _____	1. Holding _____ 2. Septic _____ 7. Grease _____ 8. P. Toilets _____	Site Code: <input style="width: 100%;" type="text"/> Gallons: _____ Generator's Signature: _____
HAULER	Company Name: _____ Trailer License #: _____ Manifest No's: _____ Truck Capacity: _____			
	<p style="font-size: small;">I hereby certify that the foregoing information is true and complete to the best of my knowledge and that no wastes other than those expressly indicated are included in the waste and that the above waste does not contain any RCRA hazardous wastes as defined in 40 CFR 261. I understand that failure to comply with conditions of any applicable industrial discharge permit or other legal requirements may result in immediate suspension of the Permit, and/or penalties as stipulated by the Liquid Waste Hauler Permit and/or allowed by law.*</p> Driver Name: _____ Signature: _____			
RECEIVER	Date: _____ Time: _____ Volume Received: _____ Hauler ID: _____ Load #: _____ Bi-carb: _____ bags Defoamer: _____ gallons pH: _____ Color/Other Characteristics: _____			
	Discharge Station: <input type="checkbox"/> Std: A (Hauler Shed) <input type="checkbox"/> Std: B (Bar Screen) <input type="checkbox"/> Grease: C (Odor Tower) <input type="checkbox"/> Std: D (Grit Chamber) <input type="checkbox"/> Grit: E (Air Deck) <input type="checkbox"/> HSW: F, G (Rear Solids Bldg) <input type="checkbox"/> TWAS: H (Behind Solids) <input type="checkbox"/> WRS: I, J _____ Signature: _____			
RESULTS	BOD: _____ TSS: _____ TKN: _____ Lab Testing: <input style="width: 100%;" type="text"/>			

Rev. 01/15

LCA WASTE HAULER OPERATING GUIDELINES SECTION D

PrintConcept (513) 391-0600 Fax (610) 891-9808

LEHIGH COUNTY AUTHORITY WASTEWATER PLANT Hauler Liquid Waste Manifest

No. _____

GENERATOR	Name: <u>Generator Name</u>	Gallons:		Site Code: <u>AA-01</u>			
	Address: <u>Physical Address of Pick up location</u>	1. Holding _____		Gallons: <u>5000</u>			
	City/State: _____	2. Septic _____		Generator's Signature: <u>[Signature]</u>			
	Zip Code: _____	7. Grease _____					
	Pick Up Date & Time: <u>1/1/2015/1030</u>	8. P. Toilets _____					
GENERATOR	Name: <u>Name of Owner</u>	Gallons:		Site Code: _____			
	Address: <u>Physical Address of pick up location</u>	1. Holding _____		Gallons: _____			
	City/State: _____	2. Septic <u>1000</u>		Generator's Signature: _____			
	Zip Code: _____	7. Grease _____					
	Pick Up Date & Time: <u>1/1/2015/1130</u>	8. P. Toilets _____					
GENERATOR	Name: <u>Business Name</u>	Gallons:		Site Code: _____			
	Address: <u>Physical Address of pick up location</u>	1. Holding _____		Gallons: _____			
	City/State: _____	2. Septic _____		Generator's Signature: _____			
	Zip Code: _____	7. Grease <u>500</u>					
	Pick Up Date & Time: <u>1/1/2015/1210</u>	8. P. Toilets _____					
HAULER	Company Name: <u>Hauler Company</u>	Trailer License #: <u>XX 1234</u>					
	Manifest No's: <u>List additional manifests used for truck load here.</u>	Truck Capacity: <u>7000</u>					
	I hereby certify that the foregoing information is true and complete to the best of my knowledge and that no wastes other than those expressly indicated are included in the waste and that the above waste does not contain any RCRA hazardous wastes as defined in 40 CFR 261. I understand that failure to comply with conditions of any applicable voluntary discharge permit or other legal requirements may result in immediate suspension of the Permit, and/or penalties as stipulated by the Liquid Waste Hauler Permit and/or allowed by law.						
	Driver Name: <u>John Smith</u>	Signature: <u>[Signature]</u>					
RECEIVER	Date: _____ Time: _____	Volume Received: _____					
	Hauler ID: _____ Load #: _____	Bi-carb: _____ bags	Defoamer: _____ gallons				
	pH: _____	Color/Other Characteristics: _____					
	Discharge Station: _____	Std: A <input type="checkbox"/> Std: B <input type="checkbox"/> Grease: C <input type="checkbox"/> Std: D <input type="checkbox"/> Grit: E <input type="checkbox"/> HSW: F, G <input type="checkbox"/> TWAS: H <input type="checkbox"/> WR3: I, J <input type="checkbox"/>					
	(House Sinc)	(Bar Screen)	(Oils Tanks)	(Oil Chamber)	(Air Deck)	(Rear Solid Bag)	(Bar Bar Screen)
Signature: _____							
RESULTS	BOD: _____	TSS: _____	TKN: _____	Lab Testing: 			

* LCA USE ONLY
* Do not write here *

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