WASTEWATER SLUDGE PUMPING AND HAULING REPORT
Revised 07/18/2025

YOUR COMPANY NAME: _____ START DATE: _____

DOH REGISTRATION NO.: _____ END DATE: _____

VEHICLE LICENSE: _____

DATE OF PICKUP	**FACILITY OR OWNER'S NAME** (Source)	**STREET ADDRESS** or **TAX MAP KEY**	**VOLUME PUMPED** (Gallons, C.Y., Wet Tons)	**WASTE TYPE** (Grease, Cesspool, Domestic, Sludge, Non-Domestic, etc)	**DATE OF DISPOSAL**	**DISPOSAL SITE** (Facility Name)	**DRIVER'S INITIALS**