

Date Pumped

Date Discharged

Time Pumped

Time Discharged

Hauled Waste Discharge Log

Due by the 15 th of the
following month

				P	age (Of	
Waste Discharge Report For (Month): (Year):							
Company Name:			Truck Per	Truck Permit Number:			
Type of Waste Discharged: ☐ Grease Waste		☐ Septic Wast	eptic Waste Portable Toilet Waste		et Waste		
		☐ Sewer Cleanings (Co	onnectors Only)	No Hauled Wast	e Discharged t	his month	
When Comp		Metro Water Recovery Attn: Industrial Pretreatment 6450 York Street, Denver, C	`				
Date Pumped	Time Pumped	Name of General	tor Size	e of Tank Pumped	Gallons Pum	ped from Tank	
Date Discharged	Time Discharged	Generator Addre	ss Conf	tact Person/Phone	Residential	Commercial	
Date Pumped	Time Pumped	Name of General	tor Size	e of Tank Pumped	Gallons Pum	ped from Tank	
Date Discharged	Time Discharged	Generator Addre	ss Conf	tact Person/Phone	Residential	Commercial	

Name of Generator

Generator Address

Commercial

Gallons Pumped from Tank

Residential

Size of Tank Pumped

Contact Person/Phone



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Pag	je Of			
nped	Gallons Pum	Gallons Pumped from Tank		
hone	Residential	Commercial		
nped	Gallons Pum	ped from Tank		
hone	Residential	Commercial		
nped	Gallons Pum	ped from Tank		
hone	Residential	Commercial		
nped	Gallons Pum	Gallons Pumped from Tank		

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



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