



ALBANY COUNTY WATER PURIFICATION DISTRICT
SANITARY HAULED WASTE DAILY WORKSHEET

Company: _____ ACSD Permit # _____

Truck Capacity: _____

<u>Name, Phone # & Address of Customer</u>	<u>Gallons</u>		<u>Waste Approval # If Applicable</u>
	<u>In County</u>	<u>Out of County</u>	
1. _____ _____ _____	_____	_____	_____
2. _____ _____ _____	_____	_____	_____

Type of Waste: _____ Total Gallons _____

Place the number from above load with the corresponding material:

Sewage Sludge _____

Septic Tank _____

Chemical Toilets _____

Grease Trap _____

Other (explain) _____

I hereby certify under penalty of law that this document and any attachments were prepared under my direction to assure that all the information is accurate and true. I certify that the vehicle has not carried any waste other than the waste listed above prior to hauling this load or the vehicle has been certified clean prior to loading. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for know violations.

Drive Signature _____

Time & Date _____