



Date: _____
 Fee: \$ _____

**CITY OF NEW HAMPTON, IOWA
 SEPTIC HAULERS MANIFEST**

Transporter Information:

License Transporter Company:
Transporter DNR #:
Address:
Telephone Number:
Email Address:
Vehicle License #:
Collection Vehicle #:

Waste Classification, Volumes, & Disposal:

Source of Waste: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other (if other, explain):
Generator/Owner of Property:
Location/Property Address:
Generator Telephone Number:
Waste Type: <input type="checkbox"/> Septage <input type="checkbox"/> Portable Toilet <input type="checkbox"/> Other (if other, explain):
Time and Day of Collection: _____:_____ /_____/20_____
Volume Discharged (gallons):
Disposal Site: South Industrial Park Lift Station, Manhole #226
Time and Day of Disposal: _____:_____ /_____/20_____

Note:

* This form shall be completely filled out or it is incomplete and waste will not be accepted.
 **An annual Sewage Disposal Permit is required prior to disposing sewage waste in the City's Wastewater Collection System.
 *** City Staff shall be notified by the licensed transporter prior to disposal of waste at the disposal site. The transporter shall provide advance notice, minimum of two hours, to City Staff between the hours of 7:00 a.m. and 3:30 p.m., Monday through Friday. Call 641-394-6654 or 641-394-4894.
 **** Any illegal disposal of waste in the City's Collection System, other than at the designated location, is a violation and will result in a fine and termination of permit. Failure to submit disposal documentation is also a violation and may result in the same ramifications.

Office Use Only: (Transporter, Do Not Write in this Section)

Lab Results (Sample Collected on this Load): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Time of Collection: _____:_____	Sample ID #:

Acknowledgement and Certification of the PCGA Licensed Transporter:

I/We understand this form constitutes our disposal of septage waste into the City's wastewater collection system. I/We certify that the information we have provided to the Public Works Department is complete, accurate, and true to the best of our knowledge. Any intentional falsification or change in the information contained in this application, or to the attached information, shall result in violation with the City of New Hampton and the Iowa Department of Natural Resources.

Owner Signature

Applicant Signature (if not the owner)

Date: _____

Date: _____

Approval of the City:

Based on the information provided in this application, and attested to, by the licensed transporter, I have reviewed the submittal of disposal and hereby approve of this form for compliance on behalf of the City of New Hampton, Iowa.

Signature of Public Works Staff

Date: _____