



## Instructions for Completing Waste Manifests

### Purpose & Scope

The purpose of this document is to outline the manifest requirements for commercial waste haulers that discharge hauled waste to the Kuwahee Wastewater Treatment Plant (WWTP).

### Responsibility

A properly completed and legible manifest must be submitted along with each load discharged at KUB's Hauled Waste Site. Please follow the instructions below for completing the manifest.

### Instructions

1. Company Name: Name of the company carrying the waste.
2. Permit Number: KUB Permit Number assigned to the vehicle (K-0000).
3. Discharge Date: Date the waste is delivered to the Hauled Waste Site.
4. Discharge Time: Time the waste is delivered to the Hauled Waste Site. Please check "am" or "pm".
5. Total Discharge: Total volume of waste discharged to the Hauled Waste Site at the time listed on Line 4.
6. Driver's Name: Print the name of the waste carrier that is delivering the waste to the Hauled Waste Site.
7. Driver's Signature: The signature of the waste carrier, verifying that the information on the manifest is correct.
8. Source: Type of waste collected from the customer:
  - Portable Toilets – Raw untreated waste collected from portable toilets.
  - Septic Tank – Septage waste collected and treated in a conventional septic tank.
  - Treatment Plant – Domestic waste collected from a KUB wastewater treatment facility.
  - Special Waste – Any other non-domestic waste or special waste, such as food waste, storm water, etc., needing prior verification and written approval before discharging at the disposal site.
9. Name and Address: The complete name and street address including City and ZIP code of the customer (homeowner or business) from whom the waste is collected.
10. Date Received: Date the waste was collected by the carrier.
11. Time Received: Time of day the waste was collected by the hauler including "am" or "pm".
12. Gallons Discharged: Approximate amount of waste collected from the customer. List each customer on a separate line.
13. Customer Name: Print the customer's name that is associated with the collected waste.
14. Customer Signature: The customer's signature if they are present when pumping occurs.

**Important:** The manifest must be deposited in the box located at the hauled waste facility prior to discharge. When completing a waste manifest, please ensure that the requested information is completely legible. Please call (865) 594-8367 with any questions regarding the proper completion of the manifests.



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## Septage Manifest



This form must be filled out completely and legibly. Discharging with an incomplete or illegible form will be considered discharging without a manifest. Any waste hauler discharging without a manifest may result in the waste hauler's discharge privileges being suspended and/or their security access number revoked from the Hauled Waste Site located at the Kuwahee Wastewater Treatment Facility at 2015 Neyland Dr, Knoxville TN.

### HAULER

Company Name \_\_\_\_\_ Permit # \_\_\_\_\_

am / pm

Discharge Date \_\_\_\_\_ Discharge Time \_\_\_\_\_   Total Discharge \_\_\_\_\_

I certify that the information submitted is, to the best of my knowledge, accurate and complete and that the waste in this load does not violate any restricted provisions listed in the Knoxville Utilities Board (KUB) Wastewater Rules and Regulations. I am aware that KUB has the authority to collect random samples of any waste being discharged at the hauled waste site and that discovery of any prohibited substances may result in the access assigned to this vehicle being restricted and access to the hauled waste site revoked.

Driver Name (print) \_\_\_\_\_ Driver Signature \_\_\_\_\_

### LOAD SOURCE

<b>Source</b> <input type="checkbox"/> Portable Toilets <input type="checkbox"/> Septic Tank <input type="checkbox"/> Treatment Plant <input type="checkbox"/> Special Waste <input type="checkbox"/> Sludge	Name	Zip Code	Gallons Discharged
	Address	Date Received	Date Discharged
	City	Time Received	Time Discharged
Customer Name (print) _____		Customer Signature _____	
<b>Source</b> <input type="checkbox"/> Portable Toilets <input type="checkbox"/> Septic Tank <input type="checkbox"/> Treatment Plant <input type="checkbox"/> Special Waste <input type="checkbox"/> Sludge	Name	Zip Code	Gallons Discharged
	Address	Date Received	Date Discharged
	City	Time Received	Time Discharged
Customer Name (print) _____		Customer Signature _____	
<b>Source</b> <input type="checkbox"/> Portable Toilets <input type="checkbox"/> Septic Tank <input type="checkbox"/> Treatment Plant <input type="checkbox"/> Special Waste <input type="checkbox"/> Sludge	Name	Zip Code	Gallons Discharged
	Address	Date Received	Date Discharged
	City	Time Received	Time Discharged
Customer Name (print) _____		Customer Signature _____	