



**ATLANTIC COUNTY UTILITIES AUTHORITY
SEPTAGE SLUDGE MANIFEST**

HAULER/COMPANY: _____

DATE: _____

CERTIFICATION: I certify that the waste contained in this load contains no hazardous waste, is not a mixed load and that the information on this manifest is true and accurate.

Signed: _____

* SOURCE OF WASTE	
(Place corresponding number in column below)	
1 Residential	5 Sewage Treatment Plant
2 Restaurant	6 Camp Ground
3 Commercial	7 Mobile Home Park
4 Industrial	8 Other

MUNICIPALITY	CUSTOMER NAME PHONE NUMBER	PICK-UP STREET ADDRESS TOWN, ZIP	INDICATE GALLONS/CUBIC YARDS IN APPROPRIATE COLUMN					* SOURCE OF WASTE	
			SEPTAGE	HOLDING TANK	PORTABLE TOILETS	SLUDGE	GREASE TRAPS		OTHER

ACUA Representative
Signature & Date: _____