100000

Collection Station

Time _____ a.m.
p.m.

Date _____

INLAND EMPIRE BRINE LINE MANIFEST FORM

This Manifest Form must be completed in full and the wastewater must comply with all discharge conditions before the wastewater will be allowed to be discharged at the Brine Line Collection Station.

A. TO BE COMPLETED BY GENERATOR

WASTE ORIGINATION (Please print)

Generator _____ Time_____ a.m. / p.m.

Address _____ Date _____

City_____ Zip Code _____ Phone _____ Gallons Pumped _____Gal.

Brine Line Permit No. _____Describe Wastewater_____

Other Information (e.g., pH @loading) _____

I certify under penalty of law that the information in Part A, is true and correct to the best of my knowledge and the wastewater hauled from this facility contains the wastewater as described above, and no other wastewater, including no hazardous waste as defined by Federal, State or Local Law and that it is in compliance with the requirements specified in the applicable ordinance.

Name of Contact _____ Signature _____

B. TO BE COMPLETED BY WASTE HAULER

HAULER INFORMATION (Please print)

Name of Hauler _____

Address _____

City _____ Zip Code _____ Phone _____

SAWPA Permit No. _____

VEHICLE INFORMATION (Please print)

Truck Make _____

Truck License No. _____

Tank Capacity _____Gal.

Tanker Make _____

Has this load been previously rejected by another agency or municipality? Yes _____ No _____

Has this load been collected from another hauler and transferred to this vehicle? Yes _____ No _____ If yes, which hauler and when?

_____

Delivered To: EMWD ____ IEUA ____ SBMWD ____ WMWD _____ Tanker License No. _____

I certify under penalty of law that the information in Part B is true and correct to the best of my knowledge and the truck/tanker listed above contains the wastewater listed in Section A only, and no other wastewater, including no hazardous waste as defined by Federal, State or Local Law and that it is in compliance with the requirements specified in the applicable ordinance.

Name of Driver _____ Signature _____

C. FOR COLLECTION STATION USE – AS APPLICABLE

Field Test Results: pH ____ Gallons Discharged _____ Gal. Sample Collected? Yes _____ No _____
(Limit – 6.0 – 12.0) If YES COC
#/Identifier_____

Load Accepted _____ Load Rejected _____ Reason for Rejection _____

If load is rejected, attach Rejected Load documentation from respective Collection Station & OnBase SAWPA Rejected Load Notice.

Name _____ Signature _____
(If Applicable)

Comments _____

_____

White – Collection Station Yellow – Hauler Pink – Generator