St. George Regional Water Reclamation Facility
Wastehauler Manifest Tracking Form
Emergency Phone Number (435) 703-1162

Food Truck Information

Food Truck Name: ______________________ Phone: __________________
Mailing Address: ________________________________________________
City: ______________________ State: _______ Zip: ________________
Truck: _______________ Model: ___________ License Plate: _________
Tank Capacity (Gallons) __________ Health Permit No: ______________

City Waste Obtained From: ____________________________
Date(s) Obtained: ____________________________
Gallons: ______________
Waste Type: Commercial (Grease Trap Gray Water) ______ X ______

I Certify to the best of my knowledge that the information on this manifest is correct and that the only waste contained in this vehicle is what is specified on this wastehauler manifest tracking form and that it contains no hazardous material.

______________________ ______________________
Driver Name (Print) Driver Signature

Driver License Number: __________________________

POTW Information

Date In: ____________ Time In: ____________
Gallons Disposed = ______________ Gallons
To be Surcharged: Yes ______ No ______ Reason: (check below)
After Hours Charge ______ Clean-Up ______
Other ________________________________

Notes: ________________________________

I Certify That I Have Disposed Of The Waste On This Manifest In Accordance With All City, State And Federal Laws.

______________________ ______________________
Print Operators Name Operators Signature

Revised 06/17