

# 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 WASTE HAULER 1 Permit # K-1111

am / pm

Discharge Date 8-2-2025 Discharge Time 18:30   Total Discharge 3000 gallons

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) BEN SMITH Driver Signature Ben Smith

## LOAD SOURCE

Source	Name	Zip Code	Gallons Discharged
<input type="checkbox"/> Portable Toilets	<u>John Doe</u>	<u>37719</u>	<u>1000</u>
<input checked="" type="checkbox"/> Septic Tank	Address	Date Received	Date Discharged
<input type="checkbox"/> Treatment Plant	<u>1200 HUBBS LN</u>	<u>8-1-2025</u>	<u>8-2-2025</u>
<input type="checkbox"/> Special Waste	City	Time Received	Time Discharged
<input type="checkbox"/> Sludge	<u>KNOXVILLE</u>	<u>12:30 PM</u>	

Customer Name (print) \_\_\_\_\_ Customer Signature John Doe

Source	Name	Zip Code	Gallons Discharged
<input type="checkbox"/> Portable Toilets	<u>JANE SMITH</u>	<u>37920</u>	<u>1000</u>
<input checked="" type="checkbox"/> Septic Tank	Address	Date Received	Date Discharged
<input type="checkbox"/> Treatment Plant	<u>4225 SIMS RD</u>	<u>7-29-2025</u>	<u>8-2-2025</u>
<input type="checkbox"/> Special Waste	City	Time Received	Time Discharged
<input type="checkbox"/> Sludge	<u>KNOXVILLE</u>	<u>14:30 PM</u>	

Customer Name (print) \_\_\_\_\_ Customer Signature Jane Smith

Source	Name	Zip Code	Gallons Discharged
<input type="checkbox"/> Portable Toilets	<u>Jim Johnson</u>	<u>37777</u>	<u>1000</u>
<input checked="" type="checkbox"/> Septic Tank	Address	Date Received	Date Discharged
<input type="checkbox"/> Treatment Plant	<u>1234 HARRIS RD</u>	<u>8-1-2025</u>	<u>8-2-2025</u>
<input type="checkbox"/> Special Waste	City	Time Received	Time Discharged
<input type="checkbox"/> Sludge	<u>KNOXVILLE</u>	<u>16:30 PM</u>	

Customer Name (print) \_\_\_\_\_ Customer Signature Jim Johnson