WASTE WATER TREATMENT SUMMARY LOG

LIC. #_____

STP BUSINESS NAME: _____

WWTP NAME: _____

REPORTING PERIOD: _____

Disposal Date	TYPE OF MATERIAL (S - septic, PT – Portable Toilet, VT - Vault, G - grease, C - carwash, GW – graywater, O - other specify)	Volume Disposed (gallons)	Date/Time Material pumped	Material pumped by: (list pumper name)

TOTAL:	Septic:	PT/VT:	Grease:	Carwash:	Graywater: ,	Other: