

CITY OF HOUSTON

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Engineering/Water Resources Protection
7411 Park Place Blvd, RM 102
Houston, TX 77087-4496

MONTHLY MANIFEST REPORT FORM

(Intended for Only Waste Generated in the City of Houston)

COMPANY NAME: _____

C.O.H. PERMIT NUMBER: _____ MONTH OF REPORT: _____

Total # of Sites: _____ Payment: _____

Total # of Manifest: _____

Total Gallons of Waste Reporting: _____

List all manifest (attachment may be necessary)

NOTE: RECEIPT DATE IS THE HAND DELIVERY DATE OR POSTMARK DATE.
MONTHLY REPORT IS DUE ON OR BEFORE THE 15TH OF THE MONTH. **YOU MUST SUBMIT MONTHLY REPORT REGARDLESS OF NO MONTHLY ACTIVITY.**
HAND DELIVERY MANIFEST WILL BE ACCEPTED **ONLY** BETWEEN THE HOURS OF
8:00 A.M.-12:00 NOON, AND 1:00 P.M.-3:00 P.M.
PLEASE INCLUDE A PROCESSING FEE OF \$2.50 PER MANIFEST.

I ACKNOWLEDGE THAT THE MANIFESTS LISTED ABOVE REPRESENT ALL THE MANIFESTS RECEIVED BY THE INVESTIGATOR ON THE SPECIFIED DATE.

COMPANY REPRESENTATIVE: _____

ENVIRONMENTAL INVESTIGATOR: _____

OFFICE USE ONLY			
Method of Payment:	<input type="checkbox"/> Check <input type="checkbox"/> Money Order	Amount:	
Check/ Money Order Number:		<input type="checkbox"/> Walked in <input type="checkbox"/> Mailed	
Date:		Serial #	