

# Solid/Special Waste Manifest

Generator Information  
including unique TCEQ#

Transporter information  
including COH permit #,  
Truck #, and driver  
information

Disposer Information



**SOLID/SPECIAL WASTE MANIFEST**  
CITY OF HOUSTON HEALTH AND HUMAN SERVICES  
7411 PARK PLACE, RM 109, HOUSTON, TEXAS 77087-6208  
(713) 640-4399

MANIFEST NO. 696101

TRANSPORTERS:  
Mail The Generator Return (yellow)  
Copy to the generator within 15 days

**GENERATOR INFORMATION (To be completed by the GENERATOR)**

Company \_\_\_\_\_ Owner/Manager (Print) \_\_\_\_\_ Phone \_\_\_\_\_  
Address from which shipment originates \_\_\_\_\_ Zip Code \_\_\_\_\_  
City/TCEQ Registration No. \_\_\_\_\_

**TYPES OF WASTE GENERATED:**

Class B: Sewage sludge \_\_\_\_\_ Grease trap \_\_\_\_\_ Other \_\_\_\_\_  
Class C: Industrial/Nonhazardous \_\_\_\_\_ Grit Trap \_\_\_\_\_ Lint Trap \_\_\_\_\_

CAPACITY of waste facility \_\_\_\_\_

*I certify that the information on this manifest is true and accurate. Secure the GENERATOR RETURN (yellow) copy from the transporter within 15 days of the waste being transported off-site. Retain both the GENERATOR (white) copy and the GENERATOR RETURN (yellow) copy on-site for minimum of five (5) years from the date on the manifest. Falsification of this document is punishable by a fine up to \$20,000.*

Owner/Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

**TRANSPORTER INFORMATION (To be completed by the TRANSPORTER) TNRC#**

Name of Transporter Co. \_\_\_\_\_ Phone # \_\_\_\_\_  
COH Permit # \_\_\_\_\_ COH Truck # \_\_\_\_\_ License # \_\_\_\_\_  
Decal letter \_\_\_\_\_ Truck Capacity \_\_\_\_\_ Quantity of waste removed \_\_\_\_\_

Mailing Address \_\_\_\_\_ Driver's Name \_\_\_\_\_  
PRINT

Name of Disposal Site \_\_\_\_\_ Address \_\_\_\_\_

*I certify that the above manifest is complete, accurate, and the waste will be delivered to the Secondary Transporter or facility named for proper disposal and treatment. Failure to dispose of the waste properly will result in a fine of \$2,000.00. Failure to submit a complete and accurate TRANSPORTERS (pink) copy of the manifest to the HEALTH DEPT. within 15 days after the end of the preceding month will result in a fine not more than \$2,000.00. Falsification of this document is punishable by a fine up to \$20,000.00. Failure to submit Generator Return Copy within fifteen (15) days of the date on this manifest will result in a fine not more than \$2,000.00.*

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECONDARY TRANSPORTER INFORMATION (To be completed by the SECONDARY TRANSPORTER)**

Company \_\_\_\_\_ COH Permit # \_\_\_\_\_ COH Truck # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Driver's Name \_\_\_\_\_  
PRINT

*I, SECONDARY TRANSPORTER, certify that the above information is complete and accurate. The waste will be delivered to the named facility for proper treatment and disposal. A complete and accurate TRANSPORTER/SECONDARY TRANSPORTER (pink) copy of the manifest must be submitted to the HEALTH DEPT. within 15 days after the end of the preceding month. Failure to comply with these requirements will result in a fine not to exceed \$2,000.00. Repeat violations will result in the revocation of my SECONDARY TRANSPORTER'S permit.*

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DISPOSER INFORMATION (To be completed by the DISPOSAL SITE OPERATOR)**

Company \_\_\_\_\_ Owner/Manager (Print) \_\_\_\_\_ Phone \_\_\_\_\_

Disposal Site Location \_\_\_\_\_ Mailing Address \_\_\_\_\_

QUANTITY of waste received \_\_\_\_\_

*(I certify that the waste manifested above was transported to this site by the above named transport/secondary transporter and was accepted by this facility for disposal.)*

Owner/Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

White - Generator Yellow - Generator Return Copy Pink - Transporter Green - Secondary Transporter Golden Rod - Disposer