

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO
MATERIAL DISPOSAL FORM

Waste Hauler Information

Permittee Name: _____

Permit #: _____

Disposal Date: _____

Disposal Time: _____

Trailer License Plate #: _____

Tank Capacity: _____

HSOM: _____

Chemical Toilet Waste

Certification By Waste Hauler

I certify this load contains only the material currently approved by the Metropolitan Water Reclamation District of Greater Chicago (District). I certify the delivery of said material into the facilities of the District, as reported on this form, was conducted in accordance with the District's Ordinances and my approved District-issued permit.

Further, all information contained on this form is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I certify this trailer at all times carries non-hazardous material, free of inorganic debris and contaminants, and under no circumstances contains heavy metals, polychlorinated biphenyls, dioxins, surfactants, or hazardous waste as defined in 40 CFR 261. I further certify that, to the best of my knowledge, this vehicle has never been used to pump or hold hazardous wastes or materials.

Driver Name: _____

Signature: _____

For District Use Only

User No.: _____ Sample Date: _____ Sample Time: _____ LIMS-No.: _____

Description/Comments: _____

Sampling Personnel: _____