## THE METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO INDUSTRIAL WASTE DIVISION

## REPORT OF FLAMMABLE, VOLATILE, EXPLOSIVE AND CORROSIVE MATERIALS

COMPANY NAME:		
FACILITY ADDRESS:		
PERSON TO CONTACT IN EMERGENCY:		
TELEPHONE NUMBER: DAY	PHONE NUMBER: DAY NIGHT	
Does the facility use, consume, store or produce any fla any time?	ammable, volatile, explosive and/or corrosive mate	rials in excess of 50 gallons at
YES NO If yes,	please provide the following information for each i	tem:
SPECIFIC NAME OF MATERIAL (Please print or type)	METHOD OF STORAGE (Fireproof room, underground storage tank, pails, drums, etc.)	QUANTITY (Maximum amount on hand)
(Attach additional pages if necessary)		
Have tanks and transfer lines been tested for leaks?	YES NO	
If YES, list testing contractor and date of last test:		
Is a drainage system provided for underground storage If YES, to which type of sewer does the drainage system		NO
CER	RTIFICATION STATEMENT	
I have personally examined and am familiar with the in immediately responsible for obtaining the information h		
Date Signature of Official	Title	
	(For District Use)	
Storm sewer/receiving stream:	Local sanitary sewer:	
POTW:		
Please return completed form to:		

The Metropolitan Water Reclamation District of Greater Chicago Industrial Waste Division P. O. Box 10654 Chicago, IL 60610