

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

CHEMICAL TOILET WASTES DISPOSAL REPORT

Waste Hauler Information

Permittee Name: _____ District Permit Number: _____

Fleet Number: _____ License Plate Number: _____ License Plate Year: _____

Vehicle Make and Model: _____ Tank Capacity: _____ Gallons

Waste And Disposal Information

Disposal Date: _____ Disposal Time: _____ AM / PM

Payment

Coupon face value: \$ _____ Coupon serial number: _____

Coupon face value: \$ _____ Coupon serial number: _____

Coupon face value: \$ _____ Coupon serial number: _____

Certification By Waste Hauler

I certify that the disposal of wastes into the facilities of the Metropolitan Water Reclamation District of Greater Chicago (District), as reported on this form, was conducted in accordance with the District's Chemical Toilet Wastes Disposal Ordinance and the District's Rules and Regulations governing the disposal of said wastes.

Further, all information contained on this form is true and accurate to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: _____ Title: _____

Signature: _____

FOR DISTRICT USE ONLY

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

Discharge description/comments: _____

District sampling personnel: _____ After hours: