

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO**MATERIAL DELIVERY FORM****Waste Hauler Information**

Permittee Name: _____ District Permit Number: _____

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

Vehicle Make and Model: _____ Tank Capacity: _____ Gallons

Waste Collection And Disposal InformationType of Waste Collected: Chemical Toilet HSOM Other (If 'HSOM' or 'Other', complete Side 2 of this form.)

Disposal Date: _____ Disposal Time: _____ AM / PM

Payment

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

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

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 this vehicle has never been used to pump or hold hazardous wastes.

Name: _____ Title: _____

Signature: _____

FOR DISTRICT USE ONLY

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

Discharge description/comments: _____

District sampling personnel: _____ After hours: **METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO**

MATERIAL DELIVERY FORM (CONT.)

Source Name: _____ Material No.: _____
Source Address: _____
Contact Person: _____ Telephone Number: _____
Collection Date: _____ Collection Time: _____ AM/PM Gallons Collected: _____

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USE ADDITIONAL PAGES IF NECESSARY