

EMERGENCY AFTER HOURS PUMP STATION ACCESS INFORMATION

This form is to be used by Trucked Waste Haulers wishing to make unscheduled after hours discharges to the City Sewer System at Pump Station #1. Such Discharges are allowed only when public health and safety, significant property damage, or environmental harm is threatened. (Access does not constitute authorization to discharge; wastes must be authorized for discharge under a current trucked waste discharge permit)

1) Date: _____ Time: _____

2) Waste Hauler Name: _____

Contact Person: _____ Title: _____

Phone Number where contact person can be reached during discharge: (____) _____

3) Load Information - The waste to be discharged is considered (check one):

Domestic: Trucked Domestic Waste Discharge Permit Number: _____

Industrial: Trucked Industrial Waste Discharge Permit Number: _____

Source of Waste: _____

4) Customer Information: **Provide the name and phone number of the person requesting the emergency discharge of this waste**

Contact Name: _____ Phone: (____) _____

Company Name (if applicable): _____

Waste Pickup Address: _____

5) Description of Emergency: _____

6) Emergency Discharge Information:

Expected Number of Loads: _____ Total Volume: _____ gallons

I certify that the above information is familiar to me, and is complete and accurate to the best of my knowledge. I certify that the wastes to be discharged meet all applicable Local, State, and Federal Limits. I understand that all wastes discharged outside of normal waste acceptance hours are subject to special fees established in the Trucked Waste Requirements and Procedures.

Name _____

Date _____

Signature _____

**PUMP STATION OPERATOR - PLEASE FORWARD TO THE INDUSTRIAL
WASTEWATER CONTROL PROGRAM, M.S. 901D**

Phone 858-654-4100/Fax 858-654-4110