TRUCKED WASTE
PRE-ARRANGED AFTER HOURS DISCHARGE AUTHORIZATION REQUEST

All requests must be received **at least 24 hours prior** to the intended time of discharge, and no later than **noon on the last working day of the week.**

Waste Hauler Information: Provide the name, contact, and permit information of the company discharging this waste.	
Trucked Waste Hauler Company:	Trucked Waste Hauler Permit Number:
Hauler Contact Name:	25- | | | | | - | |
Hauler Contact Phone (must be able to reach contact person at this number during the discharge):	
Customer Information: Provide the name and phone number of the person requesting the discharge of this waste.	
Customer Contact Name:	Customer Contact Phone:
Load Information: Provide a description of type and amount of waste to be discharged.	
Waste/Source Description:	
Waste Pickup Address:	
Estimated Volume to be Discharged (in Gallons):	Number of Expected Loads:
Reason for After Hours Discharge:	
Estimated Date(s) to be Discharged:	
Estimated Time(s) to be Discharged:	
Applicant Information: Please provide contact information for returning this form, and sign and date. 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 regulations. 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.	
Applicant Name (Print):	Date:
Applicant Signature:	Applicant Phone:
	Applicant Fax:
Applicant E-mail address (optional):	

Return completed form to: Industrial Wastewater Control Program Phone: (858) 654-4100 Fax: (858) 654-4110

FOR CITY USE ONLY

Received On: APPROVED ☐ DENIED ☐

By: _____ Date: _____