

**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 Thursday for weekend requests.**

**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:	PMT-					
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:
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**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 <input type="checkbox"/>	DENIED <input type="checkbox"/>	
By: _____		Date: _____	