

**TRUCKED WASTE  
NON-ROUTINE DISCHARGE AUTHORIZATION REQUEST**

Return completed form to:  
Industrial Wastewater Control Program - 9192 Topaz Way, San Diego, CA 92123  
Phone: (858) 654-4100 Fax: (858) 654-4110

**Waste Hauler Information: Provide the name, contact, and permit information of the company discharging this waste.**

Trucked Waste Hauler Company:	Trucked Waste Generator Permit Number:						
Hauler Contact Name:	PMT- <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
Hauler Contact Phone:							

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

Job Site Contact Name:	Job Site Contact Phone:
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Waste Pickup Address/Description:
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**Load Information: Provide a description of type and amount of waste to be discharged.**

Description of Wastewater:
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Estimated Volume to be Discharged (in Gallons):	Number of Expected Loads:
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Estimated Date(s) to be Discharged:
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**Applicant Information: Please provide contact information for returning this form, and sign and date.**

Applicant Name (Print):	Date:
Applicant Signature:	Applicant Phone:
	Applicant Fax:

Approval does not relieve the discharger of obligations regarding compliance with any and all applicable local, State, and Federal pretreatment standards or hazardous waste disposal requirements including any that may become effective after issuance of approval.

**FOR CITY USE ONLY**

Received On:	APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>
By: _____ Date: _____	