



**CARRIER DECLARATION FORM
TO DISCHARGE LIQUID WASTE AT
THE CITY OF CHILLIWACK
WASTEWATER TREATMENT
PLANT**

CARRIER DECLARATION FORM

Only Carriers that are authorized by the City of Chilliwack will be granted access to the Chilliwack Wastewater Treatment Plant (WWTP) Trucked Liquid Waste (TLW) Facility.

Carriers are reminded that combining Domestic and Non-Domestic Wastes in the same load is prohibited. All Non-Domestic Wastes require a Waste Discharge Permit which must be obtained from the City of Chilliwack's engineering department prior to discharge. Failure to obtain a Waste Discharge permit may result in fines and/or loss of use of the Chilliwack WWTP TLW Facility.

Carriers and their employees are advised that falsifying or omitting information on the form, or given to an employee of the City of Chilliwack, will result in the loss of use of the Chilliwack WWTP TLW Facility. In addition, the City of Chilliwack may take legal action as a result of waste disposed at the Chilliwack WWTP TLW Facility that caused an operational damage or upset, posed a risk to health and safety of workers, or posed a risk to the environment.

LOAD INFORMATION

NAME OF CARRIER: _____

NAME OF DRIVER: _____

VEHICLE LICENCE #: _____

CHILLIWACK BUSINESS LICENCE #: _____

TOTAL VOLUME OF DISCHARGE: _____ Gallons Litres

DATE OF DISPOSAL: _____

TIME OF DISPOSAL: _____

SIGNATURE OF DRIVER: _____

SCALE CARD #: _____

DECLARATION OF LOAD

Name of Generator:	_____
Generator Address:	_____ _____
Generator Telephone:	_____
Municipality:	<input type="checkbox"/> Chilliwack
Type of Waste:	<input type="checkbox"/> Domestic Septic <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other: _____
Volume picked up:	_____ <input type="checkbox"/> Gallons <input type="checkbox"/> Litres



**CARRIER DECLARATION FORM
TO DISCHARGE LIQUID WASTE
AT THE CITY OF CHILLIWACK
WASTEWATER TREATMENT
PLANT**

Name of Generator: _____

Generator Address: _____

Generator Telephone: _____

Municipality: Chilliwack

Type of Waste: Domestic Septic Holding Tank Other: _____

Volume picked up: _____ Gallons Litres

Name of Generator: _____

Generator Address: _____

Generator Telephone: _____

Municipality: Chilliwack

Type of Waste: Domestic Septic Holding Tank Other: _____

Volume picked up: _____ Gallons Litres

Name of Generator: _____

Generator Address: _____

Generator Telephone: _____

Municipality: Chilliwack

Type of Waste: Domestic Septic Holding Tank Other: _____

Volume picked up: _____ Gallons Litres