



Non-Residential Hauled Waste Request for Disposal

This form must be completed and returned to the OJRSA no less than one (1) business day prior to request for disposal per Regulation. Form can be emailed to info@ojrsa.org in advance but original signed copy must be delivered to OJRSA when waste is transported to the water reclamation facility.

Waste Hauler Company: _____

Requested Date Disposal: *Must be at least 1 business day from today* _____

Estimated amount to be disposed of at the OJRSA Water Reclamation Facility: _____

Company Name Waste is From: _____

Physical Address Where Waste is From: _____

Mailing Address (if different): _____

Company Phone: _____ Company/Contact's Email: _____

Waste is From (check ALL that apply): Food Service Retail Store/Office Industry/Manufacturing
 Assisted Living Facility Park/Campground Other: _____

Select Waste to be Disposed of at OJRSA Facility: Septage Collection System Wastewater (From WW utility)
 WWTP Sludge/Solids Drinking Water Treatment Solids Other: _____

If from a septic tank, is the wastewater from a domestic source? (Is it equivalent to wastewater from a residence?)
 Yes No N/A

Does waste contain any toxic or hazardous materials? Yes No
If "Yes," what? _____

Is there any industrial process water from this business plumbed to the septic tank? Yes No N/A
If "Yes," what type of process water? _____

If this location is a food service establishment as defined by DHEC, does it have a grease interceptor/trap?
 Yes No N/A

If "Yes," describe type and size: _____

If "Yes," how often is it cleaned: _____

ACKNOWLEDGMENT: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Representative Requesting Disposal: _____ Title: _____
(Please PRINT or TYPE)

Representative's Signature: _____ Date: _____

OJRSA OFFICIAL USE ONLY

Approver's Signature: _____ Date: _____ Time: _____