LAND TREATMENT ANNUAL REPORT

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WASTE MANAGEMENT
SFN 58750 (2-2008)

Clear Fields

Telephone 701.328.5166
Fax 701.328.5200
Website www.ndhealth.gov/wm

Facility Information

Facility Name		Permit Number	
Owner/Operator Name		Telephone Number	
Facility Mailing Address	City	State	Zip Code
Facility Location Address	City	State	Zip Code

CALENDAR PERIOD COVERED BY REPORT (Due on March 1)

From Month	To Month

QUANITY OF EACH TYPE OF PETROLEUM CONTAMINATED WASTE RECEIVED

Date	Type	Weight (Units)	OR Volume (Units)
	TOTALS		

Explain any occurrences of noncompliance

Discuss any permit specific conditions

Print Name	Date	Signature of Preparer

Send completed form to: ND Dept. of Health, Div. of Waste Management, 918 E. Divide Ave., 3rd Fl.,Bismarck, ND 58501-1947