



WASTE REJECTION REPORT
 NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
 DIVISION OF WASTE MANAGEMENT
 SFN 60120 (06-2022)

4201 Normandy Street
 Bismarck, ND 58503-1324
 Telephone: 701-328-5166
 Fax: 701-328-5200

Clear Form

This form is for use by solid waste facilities and by transporters of solid waste when a waste or a load of waste is rejected, including, but not limited to: (a) waste containing materials not allowed for disposal, (b) transporters that do not have a valid North Dakota Solid Waste Transporter Permit, (c) waste that fell, spilled, or leaked from a transport vehicle, or (e) other reasons (unsuited/unsafe vehicles or vehicle operation, free liquids in loads, etc.). A signed copy of this form shall be provided to the Department at the above-noted address within 5 days upon rejection of the waste or waste load. Print information.

Date of Waste Rejection (Month/Day/Year)	Time of Waste Rejection <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Description and Volume of Rejected Waste	
Reason for Rejection	

WASTE TRANSPORTER

Company Name			
Mailing Address	City	State	ZIP Code
Contact Name	Telephone Number		
E-mail Address	North Dakota Waste Hauler Permit Number (Required) WH-		
Vehicle Description	License Plate Number		
Driver Name	Driver Telephone Number		

WHERE WAS WASTE GENERATED?

Company Name (Required)			
Waste Generation Site/Location (Required)			
Address	City	State	ZIP Code
Contact Name	Telephone Number	E-mail Address	

FACILITY REJECTING THE WASTE

Facility Name			
Address	City	State	ZIP Code
Contact Name	Telephone Number	E-mail Address	

WHERE THE WASTE WAS FINALLY DISPOSED

Facility Name			
Address	City	State	ZIP Code

Signature
