WASTE REJECTION REPORT

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WASTE MANAGEMENT
SFN 60120 (2-2015)

Clear Form

918 East Divide Avenue, 3rd Floor
Bismarck, ND 58501-1947
Telephone: 701-328-5166
Fax: 701-328-5200

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 ☐ A.M. ☐ 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