

CARRIER DECLARATION FORM

Only Carriers that are authorized by JAMES Plant Operations will be granted access to the JAMES Plant Trucked Liquid Waste (TLW) Facility.

Carriers are reminded that combining Domestic and Non-Domestic Wastes in the same load is prohibited with the exception of grease trap wastes (grease trap waste must be diluted to a ratio of 1:10 with septage prior to discharge at the JAMES Plant TLW facility). In carrying out their tasks, Carriers are asked to report to business owners or residents, any problems noted with treatment works.

Carriers and their employees are advised that falsifying or omitting information on the form, or given to an employee of the City of Abbotsford or District of Mission, will result in the loss of use of the JAMES Plant TLW Facility. In addition, the City of Abbotsford and/or the District of Mission may take legal action as a result of waste disposed at the JAMES Plant 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 #:					
BUSINESS LICENCE #:				□ Abbotsford □ M	ssion
TOTAL VOLUME OF DIS	SCHARGE:			□ Gallons	□ Litres
DATE OF DISPOSAL:	-				
TIME OF DISPOSAL:	-				
SIGNATURE OF DRIVE	R: .				
DECLARATION OF LOA	<u>AD</u>				
Name of Generator:					
Generator Address:					
Generator Telephone:					
Municipality:	□ Abbotsford	☐ Mission			
Type of Waste:	□ Domestic Se	eptic □ Holdin	g Tank □ Other:		
Volume picked up:			Gallons	□ Litres	



CARRIER DECLARATIOIN FORM TO DISCHARGE LIQUID WASTE AT THE JAMES PLANT TLW FACILITY

Name of Generator: Generator Address:		
Generator Telephone:		
Municipality:	□ Abbotsford □ Mission	
Type of Waste:	□ Domestic Septic □ Holding Tank □ Other:	
Volume picked up:	□ Gallons □ Litres	
Name of Generator:		
Generator Address:		
Generator Telephone:		
Municipality:	□ Abbotsford □ Mission	
Type of Waste:	□ Domestic Septic □ Holding Tank □ Other:	
Volume picked up:	Gallons □ Litres	
Name of Generator:		
Generator Address:		
Generator Telephone:		
Municipality:	□ Abbotsford □ Mission	
Type of Waste:	□ Domestic Septic □ Holding Tank □ Other:	
Volume picked up:	□ Gallons □ Litres	