

SA-10 / NSB OXBOW LANDFILL – DISPOSAL REQUEST

Date: _____ (NOTE: Expires **14 days** from submittal date, after that you will need to resubmit request.)

Company/Contractor: _____ AFE or PO # _____

Name: _____

Approver Name Code (if applicable): _____

Phone #: _____ Fax #: _____

Material / Product Information

Name / Type: _____

MSDS / CAS Number: _____

MSDS Attached (circle one): **YES** **NO**
Analytical Data Attached (circle one): **YES** **NO**

Material Volume: _____
(lbs., cu. yds., bbl.)

Packaging: _____
(bag, drum, barrels)

Manufacturer: _____

Intended Use: _____

Product Condition (new or used): _____

******* ATTACH ANY TESTING DATA OR LAB ANALYSIS DOCUMENTATION *******

Approved: _____ Disapproved: _____

Signature: _____ / _____
 Jason Brower / Dustin Hare Date

MSDS Attached (circle one): **YES** **NO**

Date emailed to Customer: _____

L/F Operator: _____

Date/Time Accepted: _____

Send To:

Jason Brower / Dustin Hare
Email: landfill@iceservices.net
Phone: 907-670-1014
Cell: 907-448-3163

***** COPY MUST ACCOMPANY DRIVER
– SUBMIT TO L/F SUPERVISOR *****