SA-10 / NSB OXBOW LANDFILL – DISPOSAL REQUEST

Date: ____________________ (Note: Project must be in progress **30 days** from date email approval sent to customer or a new disposal request/testing will be required)

Company/Contractor: _____________________________ AFE or PO # ______________________

Name: __________________________________________

Approver Name Code (if applicable): ___________________________

Phone #: ____________________ Email Address: __________________

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**Material / Product Information**

Name / Type: __________________________________________

MSDS / CAS Number: __________________________

MSDS Attached (circle one): YES NO

Analytical Data Attached (circle one): YES NO

Hazardous Material (circle one): YES NO

*ASH Burn Permit Number: ________________________

Estimated Cubic Yards: __________________________
(Note: Cubic Yards are only billed for actual material offloaded at Landfill)

Packaging: __________________________ (bag, drum, barrels)

Manufacturer: __________________________

Intended Use: __________________________ Comment: __________________________

Product Condition (new or used): __________________________

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

Approved: __________________________ Disapproved: __________________________

Signature: __________________________________________ / __________________________

Eric Lervig / Dustin Hare

Date

SDS Attached (circle one): YES NO

TCLP Attached (circle one): YES NO

L/F Operator: __________________________

Date/Time Accepted: __________________________

Date emailed to Customer: __________________________

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**SUBMIT REQUEST TO:**

Eric Lervig / Dustin Hare

Email: landfill@iceservices.net

Office Phone: 907-670-1014

Cell: 907-448-3163

*** COPY OF APPROVED DISPOSAL REQUEST MUST BE SUBMITTED BY DRIVER***