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: _____

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: _____

Landfill Hours of Operation:

8:00 am – 4:30 pm:
Monday through Saturday

8:00 am – 3:00 pm:
Sunday

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: _____

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******