



Today's Date: _____

Proposed
Work Date: _____

REQUEST FOR DISPOSAL APPROVAL
(NON-HAZARDOUS)

***Please submit this form and provide the analysis and chain of custody ***

CLIENT INFORMATION

Company: _____ Phone: _____

Mailing Address: _____

Project Manager: _____ Cell Phone: _____

Email Address: _____

GENERATOR INFORMATION

Name/Facility: _____

Address: _____

Contact Name: _____ Phone: _____

SITE LOCATION & MATERIAL INFORMATION

Site Name/Facility: _____

Street Address: _____

City, State, Zip: _____

County: _____ Block: _____ Lot: _____

Site Contact: _____ Phone # _____

Estimated Volume: _____ Source of Contamination: _____

Composition of Waste (clay, rock, sand, moisture, chemical, contaminants, etc. should equal 100%)

_____ % _____ % _____ % _____ %

Type of Contamination: _____ Land Use: _____

Brief Site History: _____

I certify that the waste described above represented for disposal and all associated attachments contain true and accurate descriptions of the waste material and it is not a listed hazardous waste, nor does it exhibit any characteristics of a hazardous waste. I certify that all relevant information in possession of the generator has been provided for the application process. I certify that the analytical data supplied to DSI are derived from testing representative sample(s) as referenced in 40 CFR 261.20 or an equivalent state regulatory provision.

DSI Client Signature: _____ Print Name: _____

Disposal System, Inc. P.O. Box 6696, Freehold, New Jersey 07728

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