



American Environmental Landfill, Inc.
"Leading the Industry in Environmental Compliance"

(MUST BE FILLED OUT COMPLETELY)

For more information, please call American Environmental Landfill, Inc. at (918)245-7786

A. GENERATOR INFORMATION

1. Generator Name _____
2. Site Location _____
3. City _____
State _____ Zip Code _____
4. Phone _____
5. Fax _____
6. State Waste Code _____

B. CUSTOMER BILLING INFORMATION

1. Billed to Name _____
2. Address _____
3. City _____
State _____ Zip Code _____
4. Phone _____
5. Fax _____
6. Contact _____
7. Title _____

ALL BLANKS MUST BE FILLED. IF NOT APPLICABLE PLEASE PUT N/A

C. WASTE STREAM INFORMATION

1. Common Name of Waste _____
2. Detailed Description of Process Generating Waste and Material Description _____

3. Industrial Generator Yes No
4. Municipal Generator Yes No
5. Physical State at 70° Solid Semisolid Liquid Powder Combination
6. Odor Yes No Describe _____
7. Color _____ 8. pH Range _____
9. Flash Point _____ 10. Reactive Yes No With: _____
11. Free Liquid Yes No 12. Water content % by volume _____
13. Viscosity _____
14. Is the analytical attached derived from testing a representative sample IAW 40 CFR 261? Yes No
15. Does the waste contain radioactive or U.S.D.O.T. hazardous waste materials? Yes No

D. SUPPLEMENTAL INFORMATION

- None MSDS Analytical Data Process Knowledge Number of pages attached _____

E. SHIPPING INFORMATION

1. Packaging Bulk Liquid Bulk Solid Drum Other _____ Shipping Frequency _____
2. Estimated Volume _____ Gallons Yards Drums Other _____

F. GENERATOR / CUSTOMER CERTIFICATION

I hereby certify that all information submitted and all attached documents contain true and accurate descriptions of this waste. No deliberate or willful omissions of composition or properties exist, and all known or suspected hazards have been disclosed. I further certify that the waste is not designated a Hazardous Waste as defined by the USEPA in 40 CFR 261, nor does it contain PCBs regulated under TSCA 40 CFR 761.

I, _____ am employed by _____ and am authorized to sign this request for _____
 (Company Name) (Signature) (Date)

LANDFILL USE ONLY (DO NOT WRITE IN THIS SPACE)

Compliance Officer _____
 Date _____ Approved Rejected
 Additional Information _____ Current WDA on file Yes No
 Job # _____