

EPHING STABILIZATION FACILITY

Epping Solidification Facility
Waste Information Form

PWO#: _____

Approval #: _____

A. PROJECT INFORMATION:

Project Name:	On Site Contact Email:
Site Address:	On Site Contact Name: Cell Phone #:
Anticipated Start Date:	Anticipated Completion Date:

B. CUSTOMER INFORMATION:

Company:	Project Manager:
Address:	Project Manager Cell Phone:

C. MATERIAL & SITE MANAGEMENT DETAILS:

Note: Generating Site is required to provide 2-5 gallon pails of material representative of what will be shipped at the time this form is sent back to solidify@charter.us Deliver pails to: **270 Exeter Road, Epping NH, Attn: Ed Lawrence**

Onsite Process Generating Material: _____

Onsite Process Storing Material: _____

Material Composition: _____
(% of Soil, Liquid, Debris, Organics, Slurry, etc.)

Total Est Yards = _____ x _____ = _____ Tons to be generated

Physical Description of Material: _____

D. RECEIVING INFORMATION

Delivery Mode	Dump Truck: ____ Vector Truck: ____ Vacuum Truck: ____ Roll-off Truck: ____ Other: ____ Notes
Est. Vol Per Delivery (Populate One)	Tons: _____ Pounds: _____ Gallons: _____ Yards: _____ Notes:
Est. Frequency of Delivery	Daily: ____ Weekly: ____ Quarterly: ____ One Time: ____ Other: _____ Notes:
General Chemistry	pH: ____ %Solids: ____ Free Liquids? ____ Oil Sheen? ____ PCB Result: ____ Odor? Describe: _____ Notes:
Regulatory & Additive Info	RCRA Waste? ____ TSCA Waste? ____ State Waste Code? ____ SDS Attached: ____ Notes: