

Eklutna Services, Inc.
Eagle River Monofill Site

Acceptance Criteria and Disposal Authorization Form

Date _____

REQUESTOR INFORMATION

Point of Contact _____
Company _____
Address _____
Phone _____
Email _____

PROJECT INFORMATION

Name _____
Project Number _____
Location _____
Address _____

Owner _____
Phone _____
Email _____

Material _____
Estimated Quantity (CY) _____
Requested Dates _____

HAZARDOUS MATERIAL SURVEY ATTACHED

Yes _____ No _____

LABORATORY ANALYSIS ATTACHED

Yes _____ No _____

CERTIFICATION STATEMENT

I certify that the material being shipped, transported, or received at the Eklutna Monofill site are non-RACM materials.

Name _____
Signature _____
Title _____
Company _____
Date _____

Eklutna Services, Inc.
Eagle River Monofill Site
Acceptance Criteria and Disposal Authorization Form

TO BE COMPLETED BY EKLUTNA SERVICES, INC.

Approved _____

Declined _____

By _____

Date _____

Rate _____

Notes:
