



### WASTE CONTAINER INFORMATION SHEET

Please complete and send this form or equivalent information, ~ 2 weeks prior to milk run to Meghan Turvey ([mturvey@nacphilo.com](mailto:mturvey@nacphilo.com)) or Danielle Nagrone ([dnagrone@nacphilo.com](mailto:dnagrone@nacphilo.com)). Wipe Test Data should also be sent when completed. Please contact us at **865-483-1551** with any questions!

<b>GENERATOR NAME:</b>		<b>SITE CONTACT NAME:</b>	
<b>BILLING / MAILING ADDRESS:</b>		<b>OFFICE / CELL NUMBER:</b>	
		<b>FAX NUMBER:</b>	
		<b>PAPERWORK CONTACT NAME ( IF DIFFERENT FROM SITE CONTACT):</b>	
<b>PICK-UP ADDRESS: (IF DIFFERENT)</b>		<b>P.O. NUMBER:</b>	
		<b>EXPORT PERMIT ( IF NEEDED)</b>	
<b>ON-SITE PACKAGING REQUESTED:</b>		<b>EPA ID NUMBER:</b>	
<b>REQUESTED SUPPLIES:</b>		<b>TRANSPORTER:</b>	

Container ID #	Cont. and waste weight (lbs.)	Cont. type (fiber, steel, etc.)	Cont. Vol. (ft <sup>3</sup> )	Waste Description	Surface Dose Rate (mR/hr)	Surface Contam.	Isotopes	Activity (mCi) Per Isotope	EPA Codes* (D001, F003, etc.)	Process Requested	Burial / Processing Facility

*Please use additional sheets if needed.*

**OFFICE USE ONLY:**

Quote #:		Pick-Up Date:		Profile #:	
Manifest #:		BOL #:		Notes:	
<b>CARRIER ONLY?</b>	YES	NO	<b>RECIPROCITY?</b>	YES	NO