



8500 Georgetown Road
 Indianapolis, Indiana 46268
 Phone: (317) 871-4090
 Fax: (317) 871-4094

SERVICE REQUEST FORM (SRF)

Today's Date: _____ Project Date: _____ Project #: _____
 Codes: _____

Generator Information

Generator Name: _____ Address: _____
 City: _____ State/Zip: _____
 Contact Name: _____
 Phone Number: _____ Fax Number: _____

Location of Waste

Name: _____ Address: _____
 City: _____ State/Zip: _____
 Location of Waste/Drums on Property: _____

Waste-stream Information

Name of Waste: _____
 Process Generating Waste: _____
 # of Soil Drums: _____ # of Liquid Drums: _____ Vacuum Truck Bulk (gallons): _____
 Approval Number: _____ Order Number: _____

Waste Determination

Waste Characterization is based upon: Analytical Generator Knowledge
 Is this a Hazardous Waste as defined by the USEPA and/or IDEM? Yes No
 Does the waste contain polychlorinated biphenyls (PCBs) regulated by 40 CFR 761? Yes No
 Has a proper waste determination been performed with USEPA and IDEM regulations? Yes No
 Does the waste warrant special management requirements (eg. dust or heat generating)? Yes No
 Have the characteristics of the waste changed since a waste determination was performed? Yes No

Client Information

Name of Person Submitting SRF: _____ Company P.O. #: _____
 Company Name: _____ Phone #: _____ Fax #: _____

FOR AIS USE ONLY

Work Date: _____ HAZMAT Technician: _____ Supplies: _____
 Depart Time & Mileage Arrival Time & Mileage
 # of Soil Drums Transported: _____
 # of Liquid Drums Transported: _____
 Vac Truck Gallons: _____
 Comments: _____

Drive Signature: _____ Client Signature: _____