

TO: **SOUTHWESTERN LOW-LEVEL RADIOACTIVE WASTE COMMISSION**
PO BOX 277727 SACRAMENTO CA 95827-7727
FAX: (815) 361-3848

FROM: _____

(name and address)

SUBJECT: **DISPOSAL REPORT** PETITION NO. SWC-_____

Date of shipment _____ Date of Disposal _____

(If there was more than one shipment under this petition, the report may summarize the year's total.)
Check here ____ if this report is for the total for the year.

WASTE CLASS

A B C

FINAL DISPOSAL VOLUME (cubic feet) _____

RADIOACTIVITY (curies) _____

GENERATOR TYPE (check one): Academic ____ Gov't ____ Industry ____ Medical ____ Utility ____

REPORTED BY _____
(print)

Telephone _____ Fax _____

E-mail _____

Signed _____ Date _____

REMARKS: