

Controlled Waste Disposal Application

RDKS OFFICE USE ONLY

Approval Date: _____

Delivery Date: _____

Account #: _____

Invoice #: _____

Product Code: _____

Permit #: _____

Approver Initials: _____

The Regional District of Kitimat-Stikine requires a minimum of 48 hours notice to process an application for the disposal of controlled waste and to make the necessary arrangements for handling of the waste at the Forceman Ridge Waste Management Facility.

Applicant – Site Owner – may be completed for the owner by a contractor/hauler		
Last Name:	First Name:	
Company Name:		
Company Address:		
Telephone:	Fax:	Email:

Source Site Property Location – attach a map or sketch showing site boundaries as necessary		
Street Address:		
City:	Province:	Postal Code:
Highway:	Distance/Direction:	
PID Number and Legal Description		
PID:	Legal Description:	

Billing Information (Hauler Only – No Third Party Billing)	
Hauler Account Name:	Contact Name:
Account Number:	Contact Number:

Controlled Waste Details

- Soil (Non-Hydrocarbon) – **See Sec. A**
 Soil (Hydrocarbon Contaminated) – **see Sec. B**
 Asbestos – **see Sec. C**
 Land Clearing Debris > 5 m³
 Demolition Waste > 5 m³
 Commercial/Industrial Material
 Animal Carcass > 50kg
 Other: _____
Estimated Volume: _____ Tonnes _____ M³
 Estimated Loads _____

Anticipated Delivery Date: _____

Describe the material proposed for disposal: (i.e., material type, known contaminants, containment method, etc.)
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Identify and classify Contaminates of Concern (as outlined in Schedule A – Acceptance Matrix)

Section A: Non-Hydrocarbon Soil

Qualified Professional

Based on an evaluation of test results and completion of Schedule “A”, I conclude the waste is below Hazardous Waste Regulation Levels.

Signature of Qualified Professional:

Title:

Print Name:

Date (yyyy/mm/dd):

Section B: Hydrocarbon Soil Cause of Contamination:

- Highway Spill
 Industrial Site
 Contaminated Site
 Other: _____

Describe the material proposed for disposal: (i.e., material type, known contaminants, containment method, etc.)
Identify and classify Contaminates of Concern (as outlined in Schedule B– Acceptance Matrix)

Attach any supporting documents: Overview of Sampling Process yes no
Analytical Lab Results yes no

Section C: Asbestos

Source Type: Commercial Residential Other: _____
Material Description: Flooring tile Siding Pipe Insulation Vermiculite
 Other: _____
Containment: Bags Drums/Bins Other _____

*** To be accepted, asbestos material must be properly contained prior to transport and disposal at the Forceman Ridge Waste Management Facility.**

If Applicable: Ministry of Environment Contaminated Site Identification Number: _____
Ministry of Environment Dangerous Goods Incident Report Number: _____

Acceptance Agreement – To Be Completed by Source Owner

The information I have provided is accurate. I know of no regulation, bylaw or other legal restriction which might prohibit the relocation of the controlled waste to the receiving site. Further, I will ensure that all permits, manifests and other regulatory and safety requirements are met. I understand that the Regional District of Kitimat-Stikine may reject Controlled Waste for any reason at its discretion. This agreement is in accordance with the regulations and established fees provided in Regional District Kitimat-Stikine Bylaw 671.

Signature of Source Site Owner:

Print Name:

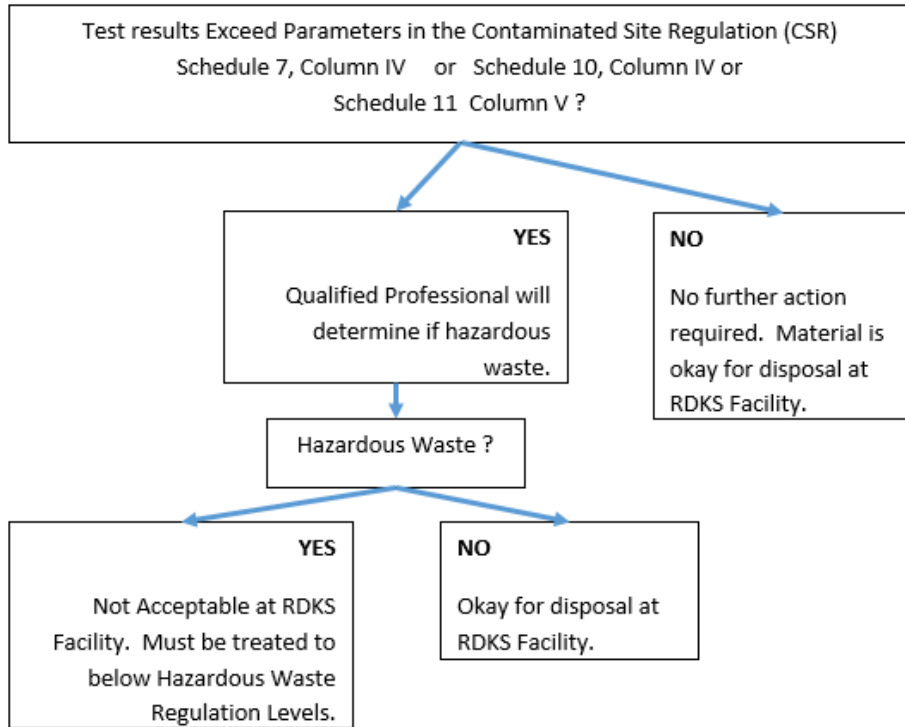
Date (yyyy/mm/dd):

The Regional District of Kitimat-Stikine will contact you once your application has been reviewed. You MUST present a copy of this application to the site attendant when arriving at the facility.

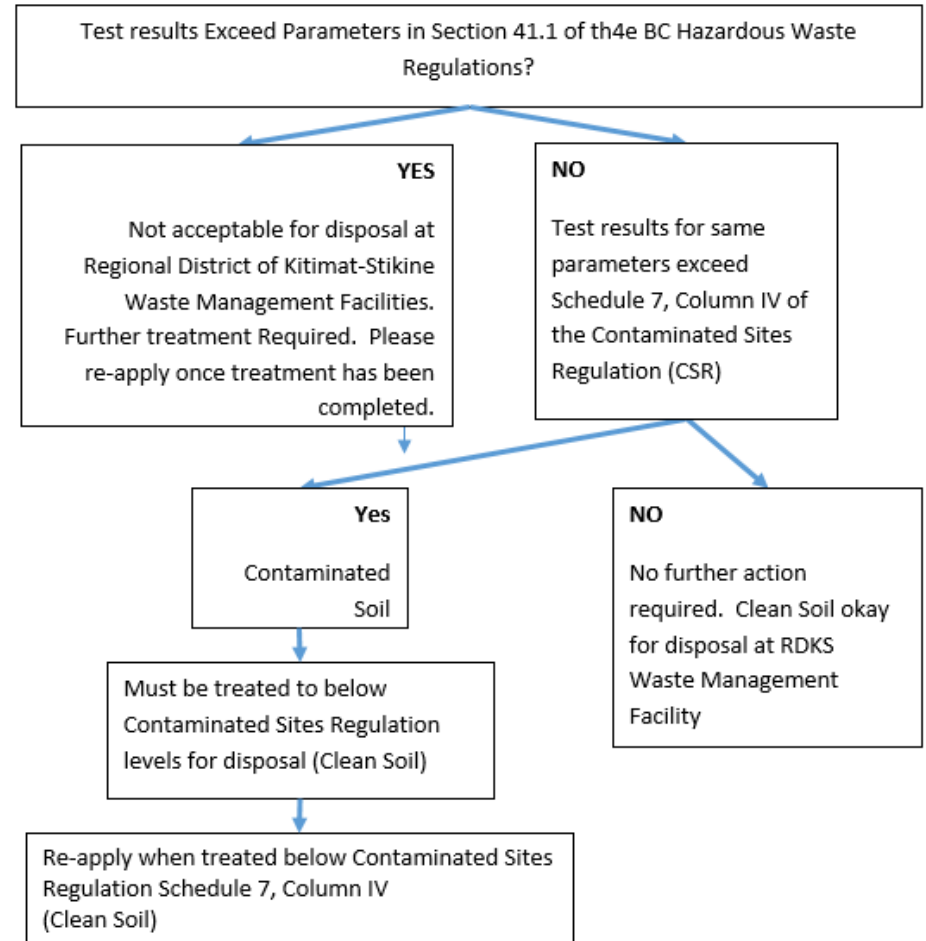
Notice of Collection of Personal Information:

The information collected on this form will be used to process the application and for the purposes of administration and enforcement. The personal information is collected under the authority of the Local Government Act and the bylaws of the Regional District of Kitimat-Stikine. Information submitted may be made available for public inspection pursuant to the Freedom of Information and Protection of Privacy Act. Contact the Regional District of Kitimat-Stikine’s Freedom of Information officer if you have any questions regarding the use of this information.

**Schedule A - Acceptance Matrix
Non-Hydrocarbon Contaminated Soil**



**Schedule B - Acceptance matrix
Hydro-Carbon Contaminated Soil**



OFFICE USE ONLY: Controlled Waste Application Summary Sheet

Delivery Date: (yyyy/mm/dd) _____ Estimated Completion Date: (yyyy/mm/dd) _____

Account Information

Invoicing Account Name: _____ Account Number: _____
 Contact Name: _____ Contact Number: _____
 Sub-Contractor/Hauler: _____ Material Type: _____
 Estimated Volume (Tonnes): _____ Estimated Number of Truck Loads: _____

Permit Number: _____

Approved Rejected If Rejected, reason: _____

Invoice # _____

Material Charge Code: Clean Soil Construction and Demolition Animal > 50 kg
 Asbestos Contaminated soil Land Clearing Debris Broken Concrete
 Broken Asphalt Waste Ash from Incinerators Other

Authorized By:

Name: _____ Date: _____

Signature: _____ Title: _____

Checklist		Date (yyyy/mm/dd)	Initials
Material reviewed for disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Billing Account Active	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Landfill Contractor Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No		