

Email to solidwasteservices@rdks.bc.ca



Controlled Waste Disposal Application

The Regional District of Kitimat-Stikine requires a minimum of 48 hours notice to process an application for the disposal of controlled waste.

Forceman Ridge **Meziadin** **Hazelton**

OFFICE USE ONLY
Permit #: _____
Approval Date: _____
Initials: _____
Closed Date: _____
Initials: _____

Applicant – Site Owner – may be completed for the owner by a contractor/hauler		
Last Name: _____		First Name: _____
Company Name: _____		<input type="checkbox"/> Industrial
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
<input type="checkbox"/> Soil (Non-Hydrocarbon) – <i>See Sec. A</i> <input type="checkbox"/> Soil (Hydrocarbon Contaminated) – <i>see Sec. B</i>
<input type="checkbox"/> Asbestos – <i>see Sec. C</i> <input type="checkbox"/> Land Clearing Debris > 5 m ³ <input type="checkbox"/> Demolition Waste > 5 m ³
<input type="checkbox"/> Commercial/Industrial Material <input type="checkbox"/> Animal Carcass > 50kg <input type="checkbox"/> Other: _____
Estimated Volume: _____ <input type="checkbox"/> Tonnes _____ <input type="checkbox"/> M ³ Estimated Loads _____
Requested Tipping Date: _____ Time: _____
<i>(If appointment is missed expect 24hrs delay to reschedule)</i>
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 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):

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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 the applicant once your application has been reviewed. You MUST present a copy of this application to the site attendant when arriving at the facility.

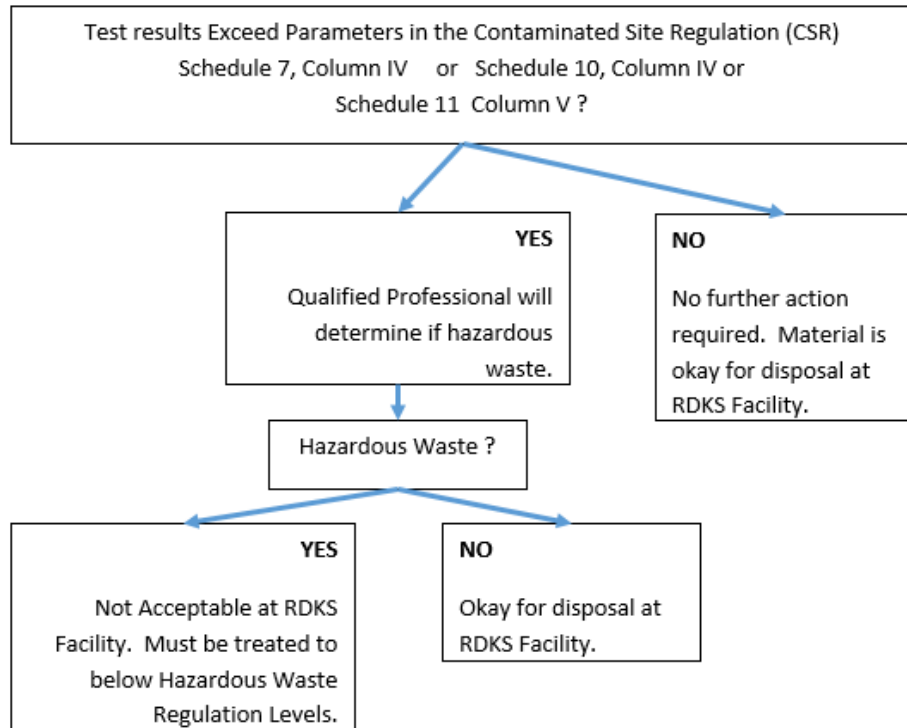
Notice of Collection of Personal Information:

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 if you have any questions regarding the use of this information.

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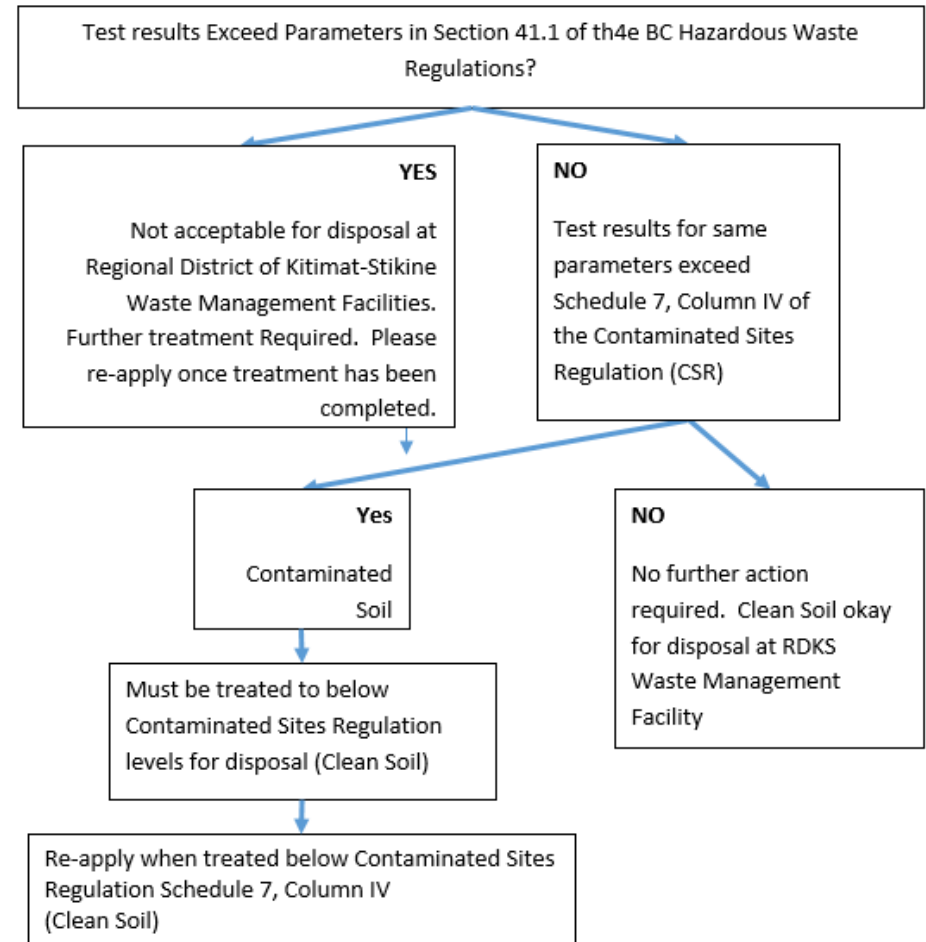
Schedule A - Acceptance Matrix

Non-Hydrocarbon Contaminated Soil



Schedule B - Acceptance matrix

Hydro-Carbon Contaminated Soil



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Office Use - RDKS Controlled Waste Application Summary Sheet

Solid Waste Function

Permit Number: _____ Hauler: _____ Industrial Y/N

Approved Rejected, Reason: _____

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

Estimated Volume: _____ Tonnes _____ M³ Estimated Loads _____

Delivery Date(s) Arranged for _____

(Provide details if this is for multiple loads over an extended period)

Customer Contacted Date: _____ Operation Contractor Contacted: _____

Authorized By:

Name: _____ Date: _____

Signature: _____ Title: _____

Send copy to Accounting to ensure account and cards are set up prior to arrival

Operations Contractor to Complete

Actual Delivery Dates:

Loads:

Material Reviewed for Disposal. Matches Application: YES / NO

Date of last Delivery: _____ Total Loads Received: _____

Return Completed Application To RDKS Solid Waste after last delivery for Review

Send Copy to accounting to review automated billing

Accounting Function:

Checklist: Correct Account Correct Material All Loads Invoiced Confirmed with Gate Report

Invoice #'s: _____

Adjustments Made: _____

Return To RDKS Solid Waste. Attach complete Summary Sheet to Customer Controlled Waste Application and Mark as Closed on the CWA Spreadsheet.