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Alberta T0J-0Y0

Office: (403) 823-1345
Landfill Manager email:
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SPECIAL WASTE DISPOSAL APPLICATION FORM # _____

IMPORTANT: This form is to be completed by a representative of the waste generator. The entire form must be completed, then signed and dated. Please attach any additional information (analyses etc.) that describes the waste.

Applicant					
Last Name:		First Name:			
Company Name:					
Company Address:					
Telephone:					
Email Address:					
Source Site Location					
Address:					
Business Name (if applicable):					
Source Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Oil/Gas <input type="checkbox"/> Emergency					
Material for Disposal					
<input type="checkbox"/> Contaminated Soil <input type="checkbox"/> Demolition <input type="checkbox"/> Other (Describe):					
Describe the material proposed for disposal (i.e. soil type, known contaminants (liner), other debris, etc.)					
Quantity:		<input type="checkbox"/> tonnes	<input type="checkbox"/> m ³	Frequency: <input type="checkbox"/> One time <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
Special Handling <input type="checkbox"/> No <input type="checkbox"/> Yes (Describe special instruction):					
Shipping Mode: <input type="checkbox"/> Bulk <input type="checkbox"/> Bags <input type="checkbox"/> Other (describe):					
Has a representative sample been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Physical State					
Physical State: <input type="checkbox"/> Dry <input type="checkbox"/> Solid Damp <input type="checkbox"/> Solid <input type="checkbox"/> Sludge <input type="checkbox"/> Powder/Dust					
<input type="checkbox"/> Other (Describe):					
Odour: <input type="checkbox"/> Strong <input type="checkbox"/> Slight <input type="checkbox"/> None Describe:					
Debris in Waste: <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:					
Flash Point <input type="checkbox"/> < 61 ^{oC} <input type="checkbox"/> > 61 ^{oC}		Ph	EC	SAR	EOX
TPH (mg/kg):		Chlorides (mg/kg):		PCBs (mg/kg):	
Potential for liquid separation during transport? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are pesticides/sterilant expected to be present? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Waste Classification			
Is this material hazardous under applicable provincial Waste Control Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this treatment residue of a waste that was previously a regulated waste? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this material regulated under Transportation of Dangerous Goods? <input type="checkbox"/> Yes <input type="checkbox"/> No			
TDG Information:			
Proper Shipping Name:		Class:	PIN:
Has analytical ever been received indicating the presence of hazardous/dangerous components? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Attachments			
<input type="checkbox"/> Analysis <input type="checkbox"/> Leachate tests <input type="checkbox"/> SDS <input type="checkbox"/> Memo <input type="checkbox"/> Other(Describe)			
Laboratory reference number:		Number of pages attached:	
Generators Certification			
<p>THIS SECTION IS TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE GENERATOR.</p> <p>The generator warrants that, to the best of their knowledge, the information provided on this Application is true. The generator acknowledges, that, if the waste referred to in this Application is determined to be other than as represented in this Application, the generator, at their sole expense and risk, will attend at such place as the waste is located and remove the waste immediately upon instruction from the Drumheller and District Regional Landfill to do so.</p> <p>Failure to so remove the waste will entitle the Drumheller and District Regional Landfill to deal with the waste in the manner they consider appropriate in the circumstances, at the sole expense and risk of the generator.</p>			
Generator's Name:			
Per (authorized signatory)		Name:	Date:
Hauling Summary			
Delivery Start Date (MM/DD/YYYY):			
Estimated Delivery End Date (MM/DD/YYYY):			
Payment Method: <input type="checkbox"/> Cash/Debit/Credit (on delivery) <input type="checkbox"/> On Account (Name of Account): _____ <small>*Credit Application Attached please note it can take up to two (2) weeks to complete the credit application process)</small>			
Hauling Method: <input type="checkbox"/> Tandem <input type="checkbox"/> Truck/Pup <input type="checkbox"/> End Dump <input type="checkbox"/> Other(describe)			
Subcontracted Hauler:			
To be completed by Drumheller & District Regional Landfill Office			
Conditions for acceptance:		Waste Application Approval No:	
<input type="checkbox"/> Metals do not exceed specified limits			
<input type="checkbox"/> PH (not <2 or >12.5)	<input type="checkbox"/> Flash Point (not <61 ^{0C})	<input type="checkbox"/> BTEX (not >0.5 mg/L)	
Other contaminants reviewed:			
Special Handling/Operational Comments:			
Approval No:		Approved By:	Approval Date:
<input type="checkbox"/> Suitable for cover	<input type="checkbox"/> Alternate Daily Cover	<input type="checkbox"/> Direct to Landfill	<input type="checkbox"/> Other