



COLUMBIA SHUSWAP REGIONAL DISTRICT

PO Box 978, 555 Harbourfront Drive NE, Salmon Arm, BC V1E 4P1 | T: 250.832.8194 | TF: 1.888.248.2773 | www.csr.bc.ca

Controlled Waste Disposal Application

Please note the CSR requires a minimum of three (3) business days notice (office hours M - F 9AM to 4PM) in order to make the necessary arrangements for the material to be disposed of at the landfill.

(In the event of an emergency, please contact 250.517.7271)

All documents submitted in relation to this Controlled Waste Disposal Application will be part of the public record and may be made available to the public through a Freedom of Information request.

For more information on the Ministry of Environment Hazardous Waste Regulation contact:

Ministry of Environment	T: 250.356.5044
PO Box 9341, STN PROV GOVT	E: hazwaste@victoria1.gov.bc.ca
VICTORIA, BC V8W 9M1	W: www.env.gov.bc.ca/epd/hazwaste

Part 1: Source Information

SECTION A – SOURCE SITE CONTACT INFORMATION

To be completed by or for the owner of the source site from which the controlled waste is to be relocated.

Applicant		
Last Name:	First Name:	
Company Name:		
Company Address:		
Telephone:	Fax:	Email:

SECTION B – SOURCE SITE LOCATION

Attach a map and/or sketch of appropriate scale, showing the boundaries of the site. Attach additional sheets as necessary to describe the site location(s). Provide one or more of the following:

- the complete physical address of property; or
- BC parcel identification number(s) (PID) and associated legal descriptions; or
- Ministry of Environment Contaminated Site Identification Number.

Source Site		
Owner:		
Street Address:		
City:	Province:	Postal Code:
Highway:	Distance/Direction:	City:
PID Number and associated Legal Description (if available)		
PID		Legal Description:
Ministry Of Environment Contaminated Site Identification Number:		
Ministry of Environment Dangerous Goods Incident Report (DGIR) Number:		

Please forward completed application form to operations@csr.bc.ca or fax to 250.832.1083.

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Section C – Material for Disposal

Attach supporting documentation: Overview of Sampling Process: Yes No

Analytical Lab Results: Yes No

Demolition Hazard Assessment: Yes No

Commercial/Industrial Material

Demolition Material

Other:

Describe the material proposed for disposal: (i.e.: material type, known contaminants, containment method, etc.)

Identify Contaminants of Concern - Refer to Schedule A – Acceptance Matrix (Pg. 4)

Part 2: Controlled Waste Acceptance Agreement

SOURCE SITE OWNER / APPLICANT

The information I have provided is accurate. I am not aware of any regulation, bylaw or other legal restriction which might prohibit the relocation of the controlled waste to the indicated receiving site. Further, I will ensure that all permits, manifests and other regulatory and safety requirements that may apply are met. I understand that the Columbia Shuswap Regional District may reject controlled waste for any reason at its discretion.

Signature of Source Site Owner / Applicant

Print Name

Date (MM/DD/YYYY)

QUALIFIED PROFESSIONAL

Based on an evaluation of test results and completion of Schedule 'A', I certify the material is acceptable for disposal.

Signature of Qualified Professional

Title

Print Name

Date (MM/DD/YYYY)

Please forward completed application form to operations@csrd.bc.ca or fax to 250.832.1083.

Controlled Waste Disposal Application

Part 3: Final Result Summary

Delivery Start Date (MM/DD/YYYY): _____

Estimated Delivery End Date (MM/DD/YYYY): _____

Payment Method: Cash/Debit/Credit Card (on delivery) On Account (complete the account details below)

Invoicing Account Name: _____ Account Number: _____

Contact Name: _____ Contact Number: _____

Vehicle Licence Plate(s) or Project Number for Account: _____ n/a

Subcontracted Hauler: _____ n/a

Hauling Method : _____ Material Details: _____

Estimated Tonnes / Volume: _____ Estimated Number of Loads: _____

Requested Landfill

Golden Landfill Salmon Arm Landfill Revelstoke Landfill Sicamous Landfill

Part 4: For CSRD Use Only

Project number: _____

Approved Rejected If rejected, reason: _____

Material Code: Refuse - \$80/tonne Controlled Waste - \$160/tonne
 Mixed Load - \$240/tonne Deep Burial Material - \$240/tonne (min. \$240)

Receiving Landfill: Golden Landfill Salmon Arm Landfill Revelstoke Landfill Sicamous Landfill

Disposal Instructions: _____

Authorized By:

Name _____ Date _____

Signature _____ Telephone _____

Checklist	Date (MM/DD/YYYY)	Initials
Material Reviewed for Disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Billing Account Active	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Project Number Set-Up	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Landfill Contractor Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scale Attendant Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	

The Columbia Shuswap Regional will notify the applicant once the application has been reviewed and approved. In order to bring the controlled waste to the landfill, a copy of this approved application (page 3 only) must be presented to the scale house when arriving on site.

Please forward completed application form to operations@csrd.bc.ca or fax to 250.832.1083.

Schedule A: Controlled Waste Acceptance Matrix



- If Asbestos is identified within waste the CSRD Asbestos Disposal Application must be completed and submitted to arrange for disposal. All asbestos waste must arrive to the CSRD waste management facilities in accordance with the BC Hazardous Waste Regulation.

Refuse	\$ 80/tonne
Controlled Waste	\$ 160/tonne
Mixed Load	\$ 240/tonne
Deep Burial Material	\$ 240/tonne (min. \$240)

- Tipping Fee will depend on Material Type and Burial Method Required