



Controlled Waste Permit Application

Instructions:

Use the current version of the *Controlled Waste Application* available at link.rdks.bc.ca/controlled_waste_application. Applications received using outdated forms will be returned to the applicant for resubmission. To expedite the time required to process your application ensure that all applicable sections are complete, and that a credit account application (if applicable) has been completed and submitted. **Sections 1 through 5, 9, and 10 are required for all applications.** Please review Section 11 for required attachments.

Email completed applications to wasteapplications@rdks.bc.ca

1. FACILITY

- | | | |
|---|---|--|
| <input type="checkbox"/> Forceman Ridge WMF* | <input type="checkbox"/> Meziadin Landfill | <input type="checkbox"/> Hazelton WMF |
| <input type="checkbox"/> Thornhill Transfer Station | <input type="checkbox"/> Stewart Transfer Station | <input type="checkbox"/> Kitwanga Transfer Station |

*Complete Section 10.

2. APPLICANT

Company _____
Name _____ Job Title _____
Mailing Address _____
City _____ Province _____ Postal Code _____
Phone _____ Email _____

3. WASTE GENERATOR

☐ Same as Applicant
First Name _____ Last Name _____
Company _____
Mailing Address _____
City _____ Province _____ Postal Code _____
Phone _____ Email _____

4. SOURCE SITE PROPERTY LOCATION (The PID and Legal Description are not required if a Civic Address is provided)

Civic Address _____ City _____
PID _____ Legal Description _____

If a civic address (street address) or PID is unavailable for this location, provide a scaled map and coordinates for the site.

Easting/Longitude _____
Northing/Latitude _____



5. CONTROLLED WASTE DETAILS

☐ **Single Day Event** Estimated Quantity _____ Units _____
Total Loads _____ Requested Tip Date _____

☐ **Recurrent/Multi Day Event** Estimated Quantity _____ Units _____ Per _____
Requested Start Date _____ Completion Date _____

Select One:

- | | |
|---|---|
| <input type="checkbox"/> Animal Carcass (>50 kg) | <input type="checkbox"/> Land Clearing Waste (>5 m ³) |
| <input type="checkbox"/> Asbestos (Complete Section 6) | <input type="checkbox"/> Processed Woody Debris |
| <input type="checkbox"/> Broken Asphalt (<30 cm pieces) | <input type="checkbox"/> Refuse |
| <input type="checkbox"/> Broken Concrete no rebar (<30 cm pieces) | <input type="checkbox"/> Septage (Complete Section 7) |
| <input type="checkbox"/> Broken Concrete with rebar (<30 cm pieces) | <input type="checkbox"/> Soil (Complete Section 8) |
| <input type="checkbox"/> Demolition Waste (>5 m ³) | <input type="checkbox"/> Waste Ash from Incinerators |

Describe the waste, include the source and composition of the material (eg. Demolition of residential home, treated wood, clean wood, drywall etc.):

6. ASBESTOS

Is the total weight of Asbestos Containing Material Greater than 5kg? ☐ Yes ☐ No

Describe the asbestos containing material composition and source (eg. White asbestos, tremolite in floor tiles):

Describe the containment method used to transport the material:



7. SEPTAGE

Volume Truck Holds _____ Units _____ (e.g. Imperial Gallon, m³ etc.)
Anticipated Visits _____ Per _____ (e.g. Day, Week, etc.)

8. SOIL

Include with this application a **report completed by a Qualified Professional** describing the source material and cause of contamination, sampling methodology, analysis, comparison of analysis results to Schedule 3.1 of the *Contaminated Sites Regulation*, B.C. Reg. 375/96, and attesting that the soil does not meet the definition of Hazardous Waste as defined by the *Hazardous Waste Regulation B.C. Reg. 63/88* and is suitable for disposal. All aspects of Contaminated Soil Applications, including the sampling of material, must be completed by or under the supervision of a Qualified Professional.

What is the soil texture class (e.g. Sand, Loam, Silt Loam, Silty Clay Loam etc.) _____

Percentage of Coarse Fragments % _____

Soil Quality Class _____ *Hazardous Waste (HW); Waste (>IL<HW); Industrial Quality (<IL)*

9. BILLING INFORMATION

Include the account number for billing of the *Controlled Waste Permit Application* fee and the Controlled Waste disposal fee as detailed in the associated bylaw. If the account number provided is not the applicants account, explicit permission from the account holder must be provided or obtained. Credit Applications for RDKS Waste Management Facilities are available at www.rdks.bc.ca.

Account No. _____ Account Name _____

Account Contact _____ Phone _____

Email _____

10. HAULING INFORMATION – Required for Forceman Ridge WMF

☐ Self Hauling (The Applicant is hauling)

☐ Third Party Hauling (Complete fields below)

Third party haulers must have an approved account with RDKS. Provide the company name and contact information.

****All vehicles travelling to Forceman Ridge WMF MUST be equipped with a VHF radio.**

Company _____ Contact Name _____

Phone _____ Email _____



11. ATTACHMENTS

Select all attachments included with this application:

- ☐ Map of the location which the waste is located and/or generated at (**Required if no street address provided**)
- ☐ Report signed by a Qualified Professional (**Required for soil disposal and waste ash disposal**)
- ☐ Lab Analysis (**Required for soil disposal and waste ash disposal**)
- ☐ Hazardous Materials Survey (**Required for Construction/Demolition Waste disposal**)
- ☐ Other (Describe) _____

12. ACCEPTANCE AGREEMENT

The Regional District of Kitimat-Stikine will contact the applicant once your application has been reviewed.

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.

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 the applicable bylaw.

STANDARD PROCESSING TIMES ACKNOWLEDGEMENT:

I acknowledge the requirement to submit this Controlled Waste Permit Application in advance of the requested tip date according to the following minimum processing times:

Minimum two (2) business days

- Animal Carcasses
- Refuse
- Septage

Minimum five (5) business days

- Asbestos
- Broken Asphalt
- Broken Concrete – no rebar
- Broken Concrete – with rebar
- Demolition Waste
- Land Clearing Waste
- Processed Woody Debris

Minimum ten (10) business days

*Additional time may be required to review analytical data and QP reports

- Soils
- Waste Ash from Incinerators

By selecting **Yes**, printing my name and date, and submitting this form, I confirm that the information provided on this document is accurate and complete.

Acceptance: ☐ Yes

Print Name: _____ Date: _____