

**Mackenzie Regional Waste Management Commission
Mackenzie Regional Landfill**

Form 5: Waste Approval Application Reference I.D. # _____

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.

PART A - GENERATOR

Company Name:			
Business Address:		City/Town:	Province: Postal Code:
Contact Name:	Telephone: ()	Facsimile: ()	
Title:	Email:		
Site Waste Shipped From:			

PART B - WASTE CHARACTERIZATION

Waste Description:	
Process Generating Waste:	
Quantity: <input type="checkbox"/> tonnes <input type="checkbox"/> m ³ <input type="checkbox"/> Drum <input type="checkbox"/> Pail	Frequency: <input type="checkbox"/> One time <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Special Handling Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Instructions:
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	

PART C - 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 °C <input type="checkbox"/> >61 °C	pH:	EC:	SAR:
TPH (mg/kg):	Chlorides (mg/kg):	PCBs (mg/kg):	Density (gm/cm ³)
Potential for liquid separation during transport? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are pesticides/ sterilants expected to be present? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Waste Composition: List all significant waste components followed by concentration level:			
Component	Concentration	Component	Concentration

PART D - 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		

PART E - ATTACHMENTS

<input type="checkbox"/> Analysis <input type="checkbox"/> Leachate Tests <input type="checkbox"/> MSDS <input type="checkbox"/> Memo <input type="checkbox"/> Other:	
Laboratory Reference Number:	Number of Pages Attached:

PART F - REPRESENTATIVE SAMPLE CERTIFICATION

This section is to be completed by the person responsible for obtaining samples of the above-described waste. I certify that the sample for which the analytical data was provided for the waste described above is representative of the waste and was collected and preserved in a manner consistent with accepted technical standards.		
Name:		Signature:
Company:		Title:
Telephone: ()		Sample collection date:
Single sample:	Composite sample(s):	(# of sample points?):

PART G - GENERATOR'S CERTIFICATION

THIS SECTION TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE GENERATOR.		
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 Mackenzie Regional Landfill to do so. Failure to so remove the waste will entitle the Mackenzie 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.		
Generator's name:		
Per (authorized signatory):	Name:	Date:

TO BE COMPLETED BY MACKENZIE REGIONAL LANDFILL

Conditions for acceptance:		Waste Application Approval Number:	
<input type="checkbox"/> Metals do not exceed specified limits	<input type="checkbox"/> BTEX (not > 0.5 mg/L)	<input type="checkbox"/> pH (not <2, or >12.5)	
<input type="checkbox"/> Flash Point (not <61°C)	<input type="checkbox"/> TPH (<20,000 mg/kg)	<input type="checkbox"/> Chlorides (<3,000 mg/kg):	
Other contaminants reviewed:			
Special Handling / Operational Comments:			
Approval No.:	Approved by:	Approval Date:	
Suitable for: <input type="checkbox"/> Cover <input type="checkbox"/> Alternate daily cover <input type="checkbox"/> Treatment pad <input type="checkbox"/> Direct Landfill <input type="checkbox"/> Other:			
Suitable for disposal at:			
<input type="checkbox"/> Industrial Cell 5 <u>ONLY</u> (if TPH >20,000 mg/kg or Chlorides >3,000 mg/kg)			
<input type="checkbox"/> Both industrial Cell 5 and Residential Cells 1-4 (if TPH <20,000 mg/kg or Chlorides <3,000 mg/kg)			