

# Approval procedure

- Please ensure that this form is completed by the waste generator, or a representative of the waste generator.
- Please complete all applicable sections and ensure the form is **signed and dated**
- Upon completion, please attach any additional information (analyses, MSDS, etc.) that describes the waste, and email to **approvals@gapdisposal.ca**
- Upon approval, a Material Approval # will be emailed to the email address specified in Section 1
- Prior to shipping, please call **(306) 969-4427** to advise of your shipping arrangements so that transport manifests can be prepared.

**Copies to:** 1. Generator, 2. Landfill Manager, 3. Service Area VP, 4. VP Environment

## 1. General Information

Generator Name

AFE or PO#

Consultant/Agent Name

Billing Address

Surface Location

Street

Horizontal Location

City

Province

Postal Code

\*Customer Info to send Material Approval # upon approval:  
(Please indicate the preferred delivery method)

Contact Person

Email

Title

Phone

Contract Price

## 2. Waste Characterization

a) Waste Description

b) Detailed description of process in which the waste was generated

c) Quantity

Unit of Weight

Metric Tonnes

M3

d) Frequency

One Time

Monthly

Yearly

e) Recommended personal protective equipment and special handling procedures

f) Shipping Mode

Bulk

Bags

Other (describe)

g) Has a representative sample been submitted?

Yes

No

## 3. Physical Properties

a) Physical State

Dry Solid

Damp Solid

Sludge

Powder/Dust

Other (describe)

b) Flash Point

<61 C

>61 C

pH

c) Odor

Strong

Slight

None

Describe Odor

d) Debris in Waste

Yes

No

Describe Debris

e) Based on the previous site use and process generating the waste, please list all potential contaminants

f) Potential for liquid separation during transport?

Yes

No

g) Are pesticides/sterilents expected to be present?

Yes

No

a) Hazardous under applicable provincial Waste Control Regulations?  Yes  Nob) Is this a treatment residue of a waste, which was previously a regulated waste?  Yes  Noc) Regulated under Transportation of Dangerous Goods?  Yes  No**TDG Information**  

Proper Shipping Name

Class

PIN

Has analytical ever been received indicating the presence of hazardous/Dangerous components?  Yes  No

## 4. Attachments

 Analysis  Leachate Tests  MSDS  Memo  Other (describe) 

Laboratory name and reference number

## 5. Representative Sample Certificate

**This section 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 provided for the waste described above is representative of the waste and was collected and preserved in a manner consistent with acceptable technical standards.

**Name****Signature****Company****Title****Phone**  **Sample Collection Date****Check one** Single Sample  Composite Sample**# of Sample Points**

## 6. Generator Certification

This section to be completed by an authorized representative of the generator.

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true and accurate representation of the waste material being offered for disposal. I further certify that neither myself, or any other employee of the company will offer for disposal any waste which is classified as hazardous waste, medical or infectious waste or any other waste material Gap Disposal 2017. is prohibited from accepting by law. Our company hereby agrees to fully indemnify the hauler, transfer and disposal facility against any damages resulting from this certification being inaccurate or untrue.

Generators Name

Authorized Representative Signature

Print Name

Date

Please email completed form and any supporting analyses or MSDS information to [approvals@gapdisposal.ca](mailto:approvals@gapdisposal.ca)

## To be completed by GAP Disposal 2017

Conditions of Acceptance

- pH (not <2, or >12.5)
- Flash point (not < 61C)
- BTEX (not > 0.5mg/L)
- Metals do not exceed specified limits

C.W.A #

Approval Date

Other Contaminants Reviewed

Special Handling/Operational Comments

Approval Number

Approval Signoff

Suitable For

- Cover
- Alternative Daily Cover
- Bioremediation

Landfill Signoff

- Direct Landfill
- Other (describe)

Recertification Frequency

- Annual
- Semi-Annual
- Other (describe)