

## Landfill Waste Approval Application

**FOR INTERNAL USE ONLY:**

Waste Confirmation Code:

### WASTE GENERATOR INFORMATION

<b>Waste Generator</b>	Company Name:		
<b>Mailing Address</b>	Street:		
	City/Town:	Province:	Postal Code:
<b>Generating Waste Location</b>	LSD/Physical Address:		
	City/Town:	Province:	Postal Code:
<b>Waste Generator Authorized Representative</b>	Full Legal Name:		
	Phone:	Email:	

### ENVIRONMENTAL CONSULTANT INFORMATION

<b>Consultant/Company</b>	Company Name:		
<b>Mailing Address</b>	Street:		
	City/Town:	Province:	Postal Code:

<b>Contact</b>	Full Legal Name:		
	Phone:	Email:	

**INVOICING INFORMATION**

<b>Company</b>	Company Name:		
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<b>Billing Address</b>	Street:		
	City/Town:	Province:	Postal Code:

<b>Billing Contact</b>	Name:		
	Phone:	Email:	

<b>Payment Method</b>	A/R account?    Yes    No    (If no, please complete credit application)		
	Credit Card:    Yes    No    (If yes, a separate Credit Card Authorization form will be emailed)		

<b>Billing Information</b>	PO No.	GL Code:	Approver Code:
	AFE/WO/CC:		
	Signatory Name:		
	Phone:	Email:	

<b>Second Signatory</b>	Full Legal Name:		
	Phone:	Email:	

**TRUCKING INFORMATION**

<b>Trucking Company</b>	Company Name:	
	Phone:	Email:
<b>UWI/LSD Product</b>	Downhole/Associated UWI (Please list all associated UWI'S with designated surface LSD)	
	Surface:	
	Drill rig #:	
	Sources in Province:    Yes    No  Is this a Multi-well Pad:    Yes    No	

**WASTE STREAM INFORMATION**

<b>Waste Description</b>	Description:	
<b>Waste Generating process</b>	Clearly explain generating process: (attach separate sheets if required)	
<b>Volume</b>	Tonnes:	m <sup>3</sup>
<b>Shipping mode</b>	Bulk      Bag      Bin      Other (Specify)	

<b>Frequency</b>	One-Time	Daily	Weekly	Monthly	Annually
<b>Recommended PPE and special handling instructions:</b>					
<b>Properties of Concern</b>	Does the waste contain:    PCB        EOX        NORM        METALS        SULPHUR        ASBESTOS				
	List any other significant properties of concern:				
<b>Attachments</b>	Supporting analytical	Supporting analytical I.D. no.	Date of Analytical:		

**PLEASE SELECT THE LANDFILL YOU WISH TO USE AND EMAIL THE COMPLETED LANDFILL WASTE APPROVAL APPLICATION, ALONG WITH ANY ACCOMPANYING DOCUMENTS, TO THE CORRESPONDING LANDFILL:**

Fort McMurray South Landfill  
 LSD: 10-25-085-10 W4  
 Email: fmslfadmin@pureenviro.eco  
 Phone: (587) 315-9441

Cold Lake Landfill  
 LSD: 07-27-064-04 W4  
 Email: cllfadmin@pureenviro.eco  
 Phone: (587) 315-9397

**GENERATOR'S CERTIFICATION**

I understand that it is the responsibility of the Generator or the Generator's Authorized Representative to determine the characteristics of the waste and its proper classification. I hereby certify that the information entered on this application is correct and that the waste material complies with all federal, provincial, and local laws and regulatory criteria for receipt and disposal at Pure Environmental's facility. I hereby indemnify Pure Environmental from and against any and all claims, actions, damages, liabilities, and expenses in connection with loss or injury whatsoever arising from or out of any inaccuracy or untruthfulness in the information provided herein.

Print Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Title/Position \_\_\_\_\_ Date \_\_\_\_\_