

Landfill Waste Approval Application

FOR INTERNAL USE ONLY:

Waste Confirmation Code:

WASTE GENERATOR INFORMATION

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

ENVIRONMENTAL CONSULTANT INFORMATION

Consultant/Company	Company Name:		
Mailing Address	Street:		
	City/Town:	Province:	Postal Code:
Contact	Full Legal Name:		
	Phone:	Email:	

INVOICING INFORMATION

Company	Company Name:		
Billing Address	Street:		
	City/Town:	Province:	Postal Code:
Billing Contact	Name:		
	Phone:	Email:	
Payment Method	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)		
Billing Information	PO No.	GL Code:	Approver Code:
	AFE/WO/CC:		
	Signatory Name:		
	Phone:	Email:	

Second Signatory	Full Legal Name:	
	Phone:	Email:

TRUCKING INFORMATION

Trucking Company	Company Name:	
	Phone:	Email:
UWI/LSD Product	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

Waste Description	Description:				
Waste Generating Process	Clearly explain generating process: (attach separate sheets if required)				
Volume	Tonnes:			m ³	
	Bulk	Bag	Bin	Other (Specify)	
Shipping mode	Bulk	Bag	Bin	Other (Specify)	
Frequency	One-Time	Daily	Weekly	Monthly	Annually
Recommended PPE and special handling instructions:					
Properties of Concern	Does the waste contain: PCB EOX NORM METALS SULPHUR ASBESTOS				
	List any other significant properties of concern:				
Attachments	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
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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 _____