

CUSTOMER WASTE APPROVAL (CWA)



GAP Disposal

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.

1. GENERATOR INFORMATION	
Generator Name: _____	AFE or PO#: _____
Consultant/Agent Name: _____	
Surface Location: _____	Billing Address: _____
Horizontal Location: _____	_____
*Customer Info to send Material Approval # upon approval: (please indicate the preferred delivery method)	Email: _____
Contact Person: _____	Telephone: () _____
Title: _____	Contract Price \$ _____
2. WASTE CHARACTERIZATION	
a) Waste Description: _____	
b) Detailed description of process in which the waste was generated: _____ _____	
c) Quantity: _____ <input type="checkbox"/> Metric Tonnes <input type="checkbox"/> m3	d) Frequency: <input type="checkbox"/> One Time <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
e) Recommended personal protective equipment and special handling procedures: _____ _____	
f) Shipping mode: <input type="checkbox"/> Bulk <input type="checkbox"/> Bags <input type="checkbox"/> Other (describe) _____	
g) Has a representative sample been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. PHYSICAL PROPERTIES	
a) Physical state: <input type="checkbox"/> Dry Solid <input type="checkbox"/> Damp Solid <input type="checkbox"/> Sludge <input type="checkbox"/> Powder/Dust <input type="checkbox"/> Other (describe) _____	
b) Flash Point: <input type="checkbox"/> <61 C <input type="checkbox"/> >61 C	pH _____
c) Odor: <input type="checkbox"/> Strong <input type="checkbox"/> Slight <input type="checkbox"/> None	Describe _____
d) Debris in Waste: <input type="checkbox"/> No <input type="checkbox"/> Yes	Describe _____
e) Based on the previous site use and process generating the waste, please list all potential contaminants: _____	
f) Potential for liquid separation during transport? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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g) Are pesticides/sterilents expected to be present? Yes No

a) Hazardous under applicable provincial Waste Control Regulations? Yes No

b) Is this a treatment residue of a waste, which was previously a regulated waste? Yes No

c) 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 _____
 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: _____
 Telephone: () _____ Sample collection date: _____

Check one: Single sample Composite samples # 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 2016* 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

TO BE COMPLETED BY GAP DISPOSAL 2016

Conditions of Acceptance: C.W.A. # _____
 pH (not <2, or >12.5)
 Flash point (not < 61 C)
 BTEX (not > 0.5 mg/L) Approval Date: _____
 Metals do not exceed specified limits
 Other contaminants reviewed: _____

Special handling/operational comments: _____

Approval Number: _____ Approval signoff: _____
Landfill Signoff: _____

Suitable for: Cover Alternate Daily Cover Bioremediation Direct Landfill Other: _____

Recertification Frequency: Annual Semi-Annual Other _____

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