

APPLICATION FOR DISPOSAL OF CONTROLLED WASTE

INSTRUCTIONS

1. Controlled waste only accepted at Hartland Landfill with an approved controlled waste permit issued by the Capital Regional District (CRD).
2. Evaluation of the application by CRD staff may take up to three business days.
3. Please note that a hazardous materials assessment and supporting analytical data must be submitted for all demolition or renovation waste destined for the landfill.
4. The CRD may require the waste generator to obtain approval from the BC Ministry of Environment prior to acceptance of the waste by the CRD.
5. Once the controlled waste permit is issued, a disposal appointment must be made by calling: **250.360.3410**
6. The person/company hauling the waste must bring a copy of the permit with the **Waste Carrier Section completed for each disposal appointment.**
7. Controlled wastes are accepted at the landfill, by appointment only, between the hours of 7 am and 2 pm, Monday to Friday. **A minimum of 24 hours' notice is generally required.** For larger volumes of waste, please contact the landfill directly at 250.360.3410.

Additional copies of the application form are available from:

www.crd.bc.ca/controlledwaste or Phone: 250.360.3030

Submit completed application forms to:

Email: controlledwaste@crd.bc.ca

Fax: 250.360.3047

Mail: Attention: Environmental Science Officer
Capital Regional District
Parks & Environmental Services
Environmental Protection Division
PO Box 1000, 625 Fisgard Street
Victoria, BC V8W 2S6

The personal information requested on this form is collected under s. 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA). The information will only be used for the purpose of proper management of the Controlled Waste Program. Direct any questions about this collection to the Environmental Science Officer at controlledwaste@crd.bc.ca.



Making a difference...together

PARKS & ENVIRONMENTAL SERVICES
HARTLAND LANDFILL

APPLICATION FOR DISPOSAL OF CONTROLLED WASTE

COMPANY MAKING APPLICATION FOR CONTROLLED WASTE: (IF APPLICABLE):

Company Name: _____

Contact Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: _____ Email: _____

WASTE GENERATOR: Same as applicant info

Company Name: _____

Contact Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: _____ Email: _____

SOURCE OF WASTE: Same as generator address

Address Where Generated: _____

Quantity Per Load (metric units): _____

Number of Loads: _____

Packaging (bags, bin, etc.): _____

Detailed Description: _____

Contaminant: _____

GENERATOR'S DECLARATION:

I certify that the waste to be disposed of is fully and accurately described above and is, to the best of my knowledge, suitable for disposal at a sanitary landfill.

Signature Date

APPLICATION FOR DISPOSAL OF CONTROLLED WASTE

WASTE DESCRIPTION

Provide a detailed description of the waste, its source, specific constituents and estimated concentrations.

ANALYTICAL ASSESSMENT

If there are any known contaminants suspected in the waste material or known history of the site where the waste material originates from, list them here and include laboratory analysis.

Parameters & concentration:

SAFETY PRECAUTIONS

Describe any special handling or disposal procedures associated with this waste. Refer to SDS if applicable.

OFFICE USE ONLY

Waste Type: _____ Expiry Date: _____

Waste Hazard: _____

PPE: Gloves Coveralls Eyewear Respirator Required

Notes To Operator: