



BRETON WASTE MANAGEMENT FACILITY

WASTE APPROVAL APPLICATION FORM

Waste Generator Information			
Generator Full Name: _____		Generator Location: _____	
Generator Mailing Address: _____			
City/Town: _____	Province: _____	Postal Code: _____	
Contact Name: _____		Email: _____	
Phone #: _____	Cell #: _____	Fax #: _____	
Customer Billing Information			<input type="checkbox"/> Check here if same as generator mailing address.
Company Full Name: _____			
Billing Address: _____			
City/Town: _____	Province: _____	Postal Code: _____	
Billing Contact: _____		Email: _____	
Phone #: _____	Cell #: _____	Fax #: _____	
P.O. #: _____	AFE #: _____		
Field Signatory Name: _____		Email: _____	
Phone #: _____	Cell #: _____	Fax #: _____	
Secondary Signatory Name: _____		Email: _____	
Phone #: _____	Cell #: _____	Fax #: _____	
Consulting Company Information			
Consulting Company Name: _____			
Consulting Company Mailing Address: _____			
City/Town: _____	Province: _____	Postal Code: _____	
Contact Name: _____		Email: _____	
Phone #: _____	Cell #: _____	Fax #: _____	
Trucking Company Information			
Company Name: _____		Phone #: _____	
Waste Information			
Waste Description:	<input type="checkbox"/> Desiccant	<input type="checkbox"/> Produced sand	
<input type="checkbox"/> Absorbent	<input type="checkbox"/> Drilling mud/ cuttings	<input type="checkbox"/> Waste liner(s)	Waste contains:
<input type="checkbox"/> Activated carbon	<input type="checkbox"/> Frac sand	<input type="checkbox"/> Others (specify): _____	Sulphur: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Flare pit soil		PCB: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Catalyst	<input type="checkbox"/> Incinerator ash		Liquids: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Construction waste	<input type="checkbox"/> Lime sludge		Extractable Organic Halides (EOX): <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Soil contaminated with (check all that applies):		Analytical / SDS Information: _____	
<input type="checkbox"/> Crude oil	<input type="checkbox"/> Dioxin	Analytical I.D.#: _____	
<input type="checkbox"/> Gasoline	<input type="checkbox"/> Herbicide	AER Code: _____	
<input type="checkbox"/> Refined fuel	<input type="checkbox"/> Pesticides	Estimated Amount: _____ m ³ _____ tonnes	
<input type="checkbox"/> Metals	<input type="checkbox"/> Produced water	Date of Delivery: _____	

Declaration

I hereby certify that the Waste information provided in this application and accompanying documents is accurate and complete, and that no deliberate or willful omissions of information exist. The analytical data provided is representative of the waste to be shipped to the landfill facility, and samples were collected, preserved, and analyzed complies with federal, provincial and local laws and AER requirements. All known or suspected contaminants and hazards have been identified, and the waste is not classified as a hazardous waste, dangerous oilfield waste, or liquid waste under Alberta Energy Regulator regulations and guidelines.

I agree to comply with the standard terms, conditions, policies and procedures of RemedX Remediation Services and the landfill site, and acknowledge that the Shipper has knowledge of all regulations, restrictions, and/or agreements for the acceptance of this material and agrees to abide by the said regulations, restrictions, and/or agreements. I further acknowledge that the Waste Generator and/or their Agents will be held responsible for any compliance action and/or incurred costs resulting from incorrect characterization/classification of the waste.

Print Name: _____ Title/position: _____

Signature: _____ Date: _____

Additional Information: