



A CCS Company

WASTE APPROVAL APPLICATION

Section I GENERATOR INFORMATION

a. Generator: _____	b. Generating Location: _____
c. Address: _____	d. Site Address: _____
e. Contact Name : _____	f. Site Contact Name: _____
g. Contact Title: _____	h. Site Contact Title: _____
i. Phone No: _____	j. Site Phone No: _____
k. Email Address: _____	
m. Billing Address: _____	

Section II CONSULTANT INFORMATION

a. Consultant: _____	b. Phone No: _____
c. Address: _____	d. Email Address: _____
e. Contact Name: _____	f. Contact Title: _____

Section III WASTE CHARACTERIZATION

Prior Uses of Site: _____

Current Use of Site: _____

Generating process: _____

Reason for Soil Removal: _____

Type of Contamination (eg. metal, gasoline, diesel, waste oil): _____

Type of Soils (eg. grain size): _____

Debris in Waste: _____

Moisture Content (eg. safe for transport): _____

Estimated Quantity (m³, tonnes, drums): _____

Date and Title of applicable Environmental Consultant's Reports: _____

Attach laboratory analytical report which accurately portrays the nature and quantity of the contaminants.

Section IV CERTIFICATION (completed by Generator or Consultant)

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge. No deliberate or willful omissions of composition or properties exist, and all known or suspected hazards have been disclosed. The waste has been characterized as per Nova Scotia Environment Guidelines or equivalent

_____	_____	_____	_____
Date	Name	Signature	Title

Section V APPROVAL (completed by Hazco)

<table border="1"> <tr> <td>CBF</td> <td>Colchester</td> </tr> <tr> <td>Other</td> <td>Specify:</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	CBF	Colchester	Other	Specify:			Hazco Project # _____
	CBF	Colchester					
Other	Specify:						
	Waste Classification: _____						
	PCOC: _____						
_____	Gregory Campbell, P.Eng.	_____	Executive Vice President, Pacific Region Hazco Environmental Services				
Date	Name	Signature					