

INSTRUCTIONS TO APPLICANTS - Processing of Controlled Wastes

1. Please complete Sections A, B & C of Part I. Submit complete application form to Environmental Services of the Regional District of Fraser-Fort George with supporting documentation. Incomplete applications will be returned to the applicant for completion prior to processing.
2. Following consideration of the application, Regional District staff will contact the applicant's contact person to discuss the results.
3. Charges applicable to the Controlled Waste to be disposed at the landfill will be determined by weight on the scales at the landfill facility. Where scales are not available, Regional District staff will determine charges on a volume to weight standard.
4. Minimum notice of 48 hours will be required prior to delivery. Regional District staff will confirm delivery arrangement with the applicant.
5. Controlled Wastes approved by the Regional District for disposal will be accepted by appointment Monday - Friday between the hours of 8:00 am and 4:00 pm.
6. If controlled waste material requires manifestation from provincial or federal authorities, the manifest must accompany the load and applicable copies of completed manifests must be provided to landfill staff.

Asbestos Disposal: fax completed applications to 250-962-8920

Controlled Waste Disposal (other than asbestos): fax completed applications to 250-562-8676

Regional District of Fraser-Fort George
Environmental Services

OFFICE LOCATION

155 George Street
Prince George, BC V2L 1P8
Phone: 250-960-4400 Fax: 250-562-8676

8:00 am - 5:00 pm
Monday to Friday excluding statutory holidays

MAILING ADDRESS

155 George Street
Prince George, BC
V2L 1P8

REGIONAL DISTRICT OF FRASER-FORT GEORGE
Application for Acceptance of Controlled Wastes

Part I

(to be completed by Applicant wishing to dispose of a Controlled Waste at a Regional Landfill)

A. SOURCE SITE INFORMATION

1. Source Site Address

Street Address: _____

City: _____ Postal Code: _____

Legal Description: _____ PID: _____

2. Site Owner Name

Last: _____ First: _____ Middle Initial(s): _____ *(and/or, if applicable)*

Company: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (_____) _____ Fax: (_____) _____

3. Source Site Contact Person

Last: _____ First: _____ Middle Initial(s): _____ *(and/or, if applicable)*

Company: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (_____) _____ Fax: (_____) _____

REGIONAL DISTRICT OF FRASER-FORT GEORGE
Application for Acceptance of Controlled Wastes

Part II
(To be completed by Regional District)

Reviewed By: _____

Date: _____

Applicant: _____

Application No. _____

Analytical Assessment:

Laboratory Analysis Required	YES	NO
Laboratory Analysis Received	YES	NO
Further Testing Required	YES	NO
MSDS Information Received	YES	NO

Waste Material Type: _____

Waste Source: _____

Disposal Authorization: _____

Project Period: _____

Disposal Directions: _____

Comments: _____

Receiving Facility: _____

Reviewer's Signature: _____ Date: _____

Approved: _____

Not Approved: _____