



ASBESTOS WASTE APPROVAL APPLICATION

Section I		GENERATOR INFORMATION	
a. Generator: _____	b. Process Generating Waste: _____		
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: _____	NS Registration # _____ or not applicable (explain below)		
l. 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	
Expected Volume	Tonnes or m3 (circle)	Mode of Shipping	
Frequency	Weekly		Truck
	Monthly		Roll off
	Annually		End dump
Dates to be shipped _____			
Section IV		CERTIFICATION (completed by Generator or Consultant)	
I hereby certify that the asbestos waste will be managed as per the NS Asbestos Waste Management and Dangerous Goods Transportation Regulations, and understand that loads may be rejected at the discretion of the landfill operator.			
_____	_____	_____	_____
Date	Name	Signature	Title
Section V		APPROVAL FOR DISPOSAL - COLCHESTER BALEFILL (completed by GFR)	
Waste Classification _____	Project Number _____	Task Number: _____	Expiry Date: _____
_____	_____	_____	_____
Date	Name	Signature	Ground Fix Remediation Ltd
			Approval Group Authorized
Last Updated: June 17, 2015			