

# NORM Waste Application Form

## Pembina Landfill

### Waste Generator Information

Waste Generator's Name	Company:		
Mailing Address	Street:		
	City:	Province:	Postal Code:
Generating Waste Location	LSD or Physical Address:		
Waste Generator Authorized Representative	Name:	Company:	
	Phone:	Email:	

### Invoicing Information

 Same as Above

Company/Consultant's Name	Company:		
Mailing Address	Street:		
	City:	Province:	Postal Code:
Payment Approver	Name:		
	Phone:	Email:	
Job Identification	EDI code:	AFE:	PO #:

### Waste Description (Specific)

Waste	Name/Description:		
Waste Generating Process	Clearly Describe:		
Is the waste from a Natural Gas Source?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the waste hazardous?	Is the source out of province (AB)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Volume _____ m <sup>3</sup> /tonne (circle)	Frequency <input type="checkbox"/> One-time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		

## Waste Description (Specific)

Does the waste contain or have any of the following hazardous properties?

PCB	<input type="checkbox"/> Yes <input type="checkbox"/> No	Leachable Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No
EOX	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asbestos	<input type="checkbox"/> Yes <input type="checkbox"/> No
Elemental Sulphur	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flashpoint < 60.5 °C	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Spontaneously Ignitable	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attachments

Radiochemical Analysis                       Chemical Analytical                       Other:

## Decontamination of Surface Contaminated Objects Declaration

Not Applicable

In consideration of the Pembina Landfill accepting NORM surface contaminated objects for disposal, I understand that it is the responsibility of a Qualified NORM Professional<sup>1</sup> (QNP) to provide the following information.

Decontamination Attempted     Yes     No

Summary of Process                      Describe in detail the decontamination efforts (i.e., method used):

Dose Reading (µSv/hr)                      Before:    After:

Surface Contamination Survey    Before:    After:  
(CPM)

If decontamination of the surface contaminated object was not attempted, please review and select all that apply:

- A socioeconomic evaluation deemed decontamination not feasible,
- Loose contamination was not easily accessible,
- A safety evaluation deemed decontamination not feasible,
- Other:

I, \_\_\_\_\_ of \_\_\_\_\_ certify the above information.  
(QNP Full Name Printed)                      (Print Company Name)

QNP Signature: \_\_\_\_\_

# SECURE

## Waste Sampling & Generator Declaration

I understand that it is the responsibility of the waste generator or the generator's authorized representative to properly characterize and classify waste prior to disposal. I hereby certify that the waste material complies with all federal, provincial, regulatory criteria, and the laboratory analysis provided was collected using industry standard practices for representative composite sampling.

I hereby indemnify SECURE and save it harmless from and against any claims, actions, damages, liabilities, and expenses including legal and other professional fees, in connection with any loss or injury whatsoever arising from or out of any inaccuracy or untruthfulness in the information provided herein. I further agree that this section 5 shall survive the expiry or termination of any Agreements entered between SECURE and the Generator.

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title / Position: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> "Qualified NORM Professional" means a certified Radiation Safety Officer under the *Nuclear Safety and Control Act* and the regulations thereunder who also has no less than two years of decontamination experience.