

WASTE APPROVAL APPLICATION

NON-OILFIELD | WASTE PROCESSING FACILITIES

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1 WASTE GENERATOR INFORMATION			
a) Waste generator's name	Company:		
b) Address	Street:		
	City/Town:	Province:	Postal Code:
c) Generating waste location	LSD or Physical address:		
	City/Town:	Province:	Postal Code:
d) Waste generator authorized representative	Name:		Company:
	Phone:		Email:
2 INVOICING INFORMATION			
a) Company / Consultant's name	Company:		
b) Address	Street:		
	City/Town:	Province:	Postal Code:
c) Payment approver	Name:		
	Phone:		Email:
d) Job identification	EDI code:	AFE:	PO no.:
3 WASTE DESCRIPTION			
a) Waste name	Name:		
b) Waste generating process	Describe:		
c) Volume _____ m ³ /tonne			
Frequency <input type="checkbox"/> One-time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			
d) State of the waste			
<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Sludge Colour: _____			
Odour <input type="checkbox"/> Mild <input type="checkbox"/> Strong <input type="checkbox"/> None Description: _____			
Debris <input type="checkbox"/> Yes <input type="checkbox"/> No			
e) Were chemicals used in process of generating of the waste			
Describe: _____			

3. WASTE DESCRIPTION (continued)

f) Does the waste contain or have any of the following properties:

	YES	NO		YES	NO		YES	NO
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	Radioactive	<input type="checkbox"/>	<input type="checkbox"/>	Organic Chlorides	<input type="checkbox"/>	<input type="checkbox"/>
Polymerizable	<input type="checkbox"/>	<input type="checkbox"/>	Shock Sensitive	<input type="checkbox"/>	<input type="checkbox"/>	Toxicity	<input type="checkbox"/>	<input type="checkbox"/>
Explosive	<input type="checkbox"/>	<input type="checkbox"/>	Water Reactive	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		
Biological / Pathological	<input type="checkbox"/>	<input type="checkbox"/>	Spontaneously Ignitable	<input type="checkbox"/>	<input type="checkbox"/>			
H ₂ S	<input type="checkbox"/>	<input type="checkbox"/>	Oxidizer	<input type="checkbox"/>	<input type="checkbox"/>			
Hydrocarbons	<input type="checkbox"/>	<input type="checkbox"/>	PCB's	<input type="checkbox"/>	<input type="checkbox"/>			

g) Supporting documentation (must be provided)

Analytical SDS Other

h) Hazardous properties (If Known)

Flashpoint
 > 61°C < 61°C Exact: _____ pH
 < 2.0 > 12.5 Exact: _____

Leachable metals
 Yes No If yes, please specify _____

Leachable BTEX
 Yes No If yes, please specify _____

Is the waste hazardous
 Yes No If yes, please specify _____

4 SHIPPING DESCRIPTION

Shipping name _____

If waste is classified as dangerous:

Proper TDG Shipping Name _____

TDG Class _____

UN no. _____

Packing Group _____

5 DISPOSAL LOCATION

Intended Disposal Location _____

6 CERTIFICATION

I understand that it is the responsibility of the Generator or the Generator's Authorized Representative to determine the characteristics of the Waste material and its proper classification, I hereby certify that the Waste material complies with all federal, provincial and local laws and regulatory criteria, and is acceptable material for the facility. Additionally, I hereby indemnify SECURE and save it harmless from and against any claims, actions, damages, liabilities and expenses including lawyers and other professional fees, in connection with the loss or injury whatsoever arising from or out of any inaccuracy or untruthfulness in the information provided herein. I further agree that this section 3 shall survive the expiry or termination of any Agreements entered into between SECURE and the Generator.

Authorized signature: _____

Print name: _____

Title / position: _____ Date: _____

SECURE ENERGY USE ONLY

WAC Number: _____

Authorized Signature: _____