

## INSTRUCTIONS

1. Controlled waste is only accepted at Hartland Landfill with an approved controlled waste permit issued by the Capital Regional District (CRD).
2. Evaluation of this application may take up to three business days.
3. The CRD may require the waste generator to obtain approval from the BC Ministry of Environment prior to acceptance of the waste by the CRD.
4. Once the controlled waste permit is issued, a disposal appointment must be made by calling: **250.360.3410**.
5. The person/company hauling the waste must bring a copy of the controlled waste permit with the **Waste Carrier Section completed for each disposal appointment**.
6. Controlled wastes are accepted at the landfill, by appointment only, Monday to Friday between the hours of 9 am and 2 pm, or, if you have an account, between 7 am and 2 pm. **A minimum of 24 hours notice is generally required.** For larger volumes of waste, please contact the landfill directly at 250.360.3410.

Additional application forms and information about controlled waste can be found online at: [www.crd.bc.ca/controlledwaste](http://www.crd.bc.ca/controlledwaste) or phone: 250.360.3030.

### Submit completed application forms to:

Email: [controlledwaste@crd.bc.ca](mailto:controlledwaste@crd.bc.ca)

Fax: 250.360.3047

Mail: Attention: Environmental Science Officer  
Capital Regional District  
Parks, Recreation & Environmental Services  
Environmental Protection Division  
PO Box 1000, 625 Fisgard Street  
Victoria, BC V8W 2S6

The personal information requested on this form is collected under Section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA). The information will only be used for the purpose of proper management of the Controlled Waste Program. Direct any questions about this collection to the Environmental Science Officer at [controlledwaste@crd.bc.ca](mailto:controlledwaste@crd.bc.ca).

**COMPANY APPLYING FOR CONTROLLED WASTE PERMIT: (IF APPLICABLE)**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**WASTE GENERATOR:**

Same as applicant info

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**SOURCE OF WASTE:**

Same as generator address

Address Where Generated: \_\_\_\_\_

Quantity Per Load (kg, tonnes): \_\_\_\_\_

Number of Loads: \_\_\_\_\_

Packaging:  
(bags, bin, tarped/covered vehicle) \_\_\_\_\_

Detailed Description: \_\_\_\_\_

Contaminant: \_\_\_\_\_

**WASTE DESCRIPTION:**

Provide a detailed description of the waste, its source, specific constituents and estimated concentrations.

**ANALYTICAL ASSESSMENT:**

If there are any known contaminants suspected in the waste material or known history of the site where the waste material originates from, list them here and include laboratory analysis.

*Parameters and concentration:*

**SAFETY PRECAUTIONS:**

Describe any special handling or disposal procedures associated with this waste. Refer to SDS if applicable.

**GENERATOR'S DECLARATION:**

I certify that the waste to be disposed of is fully and accurately described above and is, to the best of my knowledge, suitable for disposal at a sanitary landfill.

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Signature

Date

**OFFICE USE ONLY**

Waste Type: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Waste Hazard: \_\_\_\_\_

PPE:  Gloves  Coveralls  Eyewear  Respirator Required

Notes To Operator: