



# COLUMBIA SHUSWAP REGIONAL DISTRICT

PO Box 978, 555 Harbourfront Drive NE, Salmon Arm, BC V1E 4P1 | T: 250.832.8194 | TF: 1.888.248.2773 | [www.csr.bc.ca](http://www.csr.bc.ca)

## Asbestos Disposal Application

Please note the CSR requires a minimum of three (3) business days notice (office hours M - F 9AM to 4PM) in order to make the necessary arrangements for the material to be disposed of at the landfill.

*(In the event of an emergency, please contact 250.517.7271)*

All documents submitted in relation to this Asbestos Disposal Application will be part of the public record and may be made available to the public through a Freedom of Information request.

For more information on the Ministry of Environment Hazardous Waste Regulation contact:

Ministry of Environment  
PO Box 9341, STN PROV GOVT  
VICTORIA, BC V8W 9M1

T: 250.356.5044  
E: [hazwaste@victoria1.gov.bc.ca](mailto:hazwaste@victoria1.gov.bc.ca)  
W: [www.env.gov.bc.ca/epd/hazwaste](http://www.env.gov.bc.ca/epd/hazwaste)

### Part 1: Source Information

#### SECTION A – SOURCE SITE CONTACT INFORMATION

(To be completed by or for the owner of the source site from which the Asbestos is to be relocated)

<b>Applicant</b>		
Last Name:	First Name:	
Company Name:		
Company Address:		
Telephone:	Fax:	Email:
<b>Source Site Location</b>		
Address:		
Business Name (if applicable):		

### Part 2: Asbestos Handling and Delivery

<b>Material Description: i.e.: material containing asbestos, type of asbestos, containment type (bags/drums), etc.</b>
<b>Source Type:</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Other:

#### SOURCE SITE OWNER/APPLICANT

I certify that Asbestos will be handled and delivered to the Columbia Shuswap Regional District in accordance with the Management of Asbestos Section in the BC Hazardous Waste Regulation. Furthermore, I will ensure that all permits, manifests and other regulatory requirements that may apply are met.

\_\_\_\_\_  
Signature of Source Site Owner/Applicant

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

\_\_\_\_\_  
Date (MM/DD/YYYY)

Please forward completed application form to [operations@csr.bc.ca](mailto:operations@csr.bc.ca) or fax to 250.832.1083.

# Asbestos Disposal Application

## Part 3: Disposal Information

Delivery Start Date (MM/DD/YYYY): \_\_\_\_\_

Estimated Delivery End Date (MM/DD/YYYY): \_\_\_\_\_

Payment Method:  Cash/Debit/Credit Card (on delivery)       On Account (complete the account details below)

Invoicing Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

Vehicle License Plate(s) or Project Number for Account: \_\_\_\_\_  n/a

Sub Contractor/Hauler: \_\_\_\_\_  n/a

Estimated tonnes and volume of material: \_\_\_\_\_ Estimated Number of loads: \_\_\_\_\_

Asbestos disposal tipping fee will depend on type/amount of material and burial methods required

**Requested Landfill**

Golden Landfill       Salmon Arm Landfill       Revelstoke Landfill       Sicamous Landfill

## Part 4: For CSRD Use Only

Project number: \_\_\_\_\_

Approved       Rejected    If rejected, reason: \_\_\_\_\_

Material Code:       Deep Burial \$240/tonne (min.\$240)       Controlled Waste \$160/tonne

**Disposal Instructions:**

**Authorized by:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone

Checklist	Date (MM/DD/YYYY)	Initials
Material Reviewed for Disposal <input type="checkbox"/> Yes <input type="checkbox"/> No		
Billing Account Active <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Number Set-Up <input type="checkbox"/> Yes <input type="checkbox"/> No		
Landfill Contractor Notified <input type="checkbox"/> Yes <input type="checkbox"/> No		
Scale Attendant Notified <input type="checkbox"/> Yes <input type="checkbox"/> No		

**The Columbia Shuswap Regional will notify the applicant once the application has been reviewed and approved. In order to bring the asbestos to the landfill, a copy of this approved application (page 2 only) must be presented to the attendant when arriving on site.**

Please forward completed application form to [operations@csrd.bc.ca](mailto:operations@csrd.bc.ca) or fax to 250.832.1083.