



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

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
W: 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)

Applicant		
Last Name:	First Name:	
Company Name:		
Company Address:		
Telephone:	Fax:	Email:
Source Site Location		
Address:		
Business Name (if applicable):		
Part 2: Asbestos Handling and Delivery		
Material Description: i.e.: material containing asbestos, type of asbestos, containment type (bags/drums), etc.		
Source Type: <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 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 \$210/tonne (min.\$250) Controlled Waste \$70/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 or fax to 250.832.1083.