



WASTE APPROVAL APPLICATION

In accordance with regulatory requirements, Generators must classify their waste and determine whether it is hazardous or non-hazardous. All wastes destined for thermal treatment at Envirogreen Technology Ltd.'s (ETL) facility must meet the criteria detailed in ETL's Permit No. 13075 issued by the BC Ministry of Environment.

In order for ETL to consider a Generator's waste for treatment, specific information about the waste is required. This Waste Approval Application (WAA) is to be completed by the Generator or by the Authorized Agent acting on behalf of the Generator. The WAA process requires the Generator provide ETL information about the characteristics and classification of their waste. Analytical data and any other supporting documents (e.g. Safety Data Sheets) are to be submitted along with the completed WAA to the return address shown below.

Note: If this WAA includes multiple waste streams (i.e. wastes from different sources and/or different physical/chemical characteristics), sections C to F are to be completed for each waste stream.

Upon receipt of the completed WAA, ETL will review the analytical data and supporting documents (if applicable) for the Generator's waste stream(s). Approval to ship waste identified on the Waste Approval Application to ETL for thermal treatment will be based on all the information provided to ETL by the Generator or by the Authorized Agent acting on behalf of the Generator.

All fields must be completed.
If you have questions on how to fill out this form, please contact ETL at 604-888-6048 or info@envirogreentech.com.

Print (using ink) or type.

SECTION A – WASTE GENERATOR INFORMATION

Generator Registered Name:	Company:		
Generator Mailing Address:	Street:		
	City/Town:	Province:	Postal Code:
	Generator Contact:		
	Name:		
	Title:	Department:	
	Work Phone:	Email:	
	Cell Phone:	Fax:	
Reference Numbers: (required on correspondence to you)	Project File No.:	Other (specify):	
Generator Registration Number (i.e. BCG Number):			
Generating Location:	Physical Address:		
	City/Town:	Province:	Postal Code:

SECTION B – GENERATOR AUTHORIZED AGENT INFORMATION

Company Name:	Company:		
Company Mailing Address:	Street:		
	City/Town:	Province:	Postal Code:
	Company Contact:		
	Name:		
	Title:	Department:	
	Work Phone:	Email:	
	Cell Phone:	Fax:	
Reference Numbers: (required on correspondence to you)	Project File No.:	Other (specify):	

Complete sections C through F (Page 2) for each waste stream.

Note: If this WAA includes multiple waste streams (i.e. wastes from different sources and/or different physical/chemical characteristics), sections C to F are to be completed for each waste stream.



Note: If this application includes multiple waste streams, sections C to F are to be completed for each waste stream.

SECTION C - WASTE INFORMATION

Shipping Name of Waste	Shipping Name:	
How Was Waste Generated? (e.g. refinery, manufacturing industry, waste facility, site remediation, spill clean-up, etc.):	Generating Process:	
Waste Source:	<input type="checkbox"/> Single Source <input type="checkbox"/> Multiple Sources (provide details in a separate document)	
Estimated Weight or Volume of Waste (choose one):	Tonnes:	Metres ³ :
Estimated Frequency:	<input type="checkbox"/> One Time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	
Shipping Start Date:	Date:	
Shipping Mode:	<input type="checkbox"/> Drum <input type="checkbox"/> Super Sac <input type="checkbox"/> Roll Off <input type="checkbox"/> Tandem <input type="checkbox"/> Truck & Pup <input type="checkbox"/> Truck & Transfer <input type="checkbox"/> Rail (open-top intermodal container) <input type="checkbox"/> Other (describe) : _____	
Additional Information (e.g. PPE requirements, Safety Data Sheets, special handling requirements, etc.):	<input type="checkbox"/> Details Attached: <input type="checkbox"/> Details: _____	

SECTION D - PHYSICAL PROPERTIES OF WASTE

Waste Property: Check all that apply and indicate % of content for each. Total to equal 100%.	<input type="checkbox"/> Sand: ____% <input type="checkbox"/> Silt: ____% <input type="checkbox"/> Clay: ____% <input type="checkbox"/> Tank Bottoms: ____% <input type="checkbox"/> Oily Rags: ____% <input type="checkbox"/> Activated Carbon: ____% <input type="checkbox"/> Wood Waste: ____% <input type="checkbox"/> Debris: ____% <input type="checkbox"/> Other (describe): ____%
Physical State of Waste: Check all that apply and indicate % of content for each. Total to equal 100%.	<input type="checkbox"/> Dry Solid <input type="checkbox"/> Sludge <input type="checkbox"/> Wet if Wet, Solid: ____%, Moisture: ____% Passes Paint Filter Liquids Test (US EPA Test Method 9095): <input type="checkbox"/> Yes <input type="checkbox"/> No
Viscosity (select the most appropriate comparison):	<input type="checkbox"/> Molasses <input type="checkbox"/> Peanut Butter <input type="checkbox"/> Shortening/Lard <input type="checkbox"/> Caulking Compound <input type="checkbox"/> Tar <input type="checkbox"/> Soil-Like <input type="checkbox"/> Other: _____
Debris: (e.g. wood waste, excess plastic sheeting/poly, metal, etc.)	<input type="checkbox"/> 0% debris <input type="checkbox"/> >0% debris (describe): _____
Odour:	<input type="checkbox"/> Strong <input type="checkbox"/> Slight <input type="checkbox"/> None
pH:	<input type="checkbox"/> <2 <input type="checkbox"/> ≥2 and ≤12.5 <input type="checkbox"/> >12.5
Free of Unexploded Objects (UXOs): (e.g. munitions)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E - WASTE CHARACTERISTICS

Required Analytical Data	Analyzed		Does the Waste Have Any of These Characteristics?	
	Yes	No	Constituents/Properties	Yes No
Total Metals ¹			Meets Criteria of TDG ⁴ Class 4	
Total Polycyclic Aromatic Hydrocarbons (PAHs)			Meets Criteria of TDG Class 5	
Total Extractable Hydrocarbons (light and heavy) (EPhs)			Meets Criteria of TDG Class 6	
Total Benzene/Toluene/Ethylbenzene/Xylene (BTEX)			Meets Criteria of TDG Class 7	
Leachable Metals ² (TCLP) ³			Meets Criteria of TDG Class 8	
Leachable PAHs (TCLP)			Naturally Occurring Radioactive Material (NORM)	
Leachable BTEX (TCLP)			Contains Pesticide/Insecticides/Herbicides	
Other Contaminants: (attach details, if applicable)			Contains Halogenated Hydrocarbons	
Analytical Test Results (certified or signed)	<input type="checkbox"/> Attached <input type="checkbox"/> To Follow		Contains Cyanide/Chloramines/Halogen Ions	
Analytical Results Representative of Waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Contains Polychlorinated Biphenyls (PCBs)	

¹Antimony, Arsenic, Barium, Beryllium, Boron, Cadmium, Chromium, Cobalt, Copper, Lead, Mercury, Molybdenum, Nickel, Selenium, Silver, Sodium (ion), Tin, Zinc

²Arsenic, Barium, Boron, Cadmium, Chromium, Copper, Lead, Mercury, Selenium, Silver, Uranium, Zinc

³Toxicity Characteristic Leaching Procedure (or suitable equivalent)

⁴Transportation of Dangerous Goods Regulations

SECTION F - CERTIFICATION BY GENERATOR OR GENERATOR'S AUTHORIZED AGENT

I hereby certify that the waste materials tested and reported on this Waste Approval Application (WAA) are representative of the materials described on this WAA and that the waste material complies with all applicable laws and regulatory criteria. I also certify that, to the best of my knowledge, the information contained herein, including all attached documents, are complete and not misleading and that all known or suspected hazards and contaminants have been disclosed. The undersigned individual warrants that he/she is authorized to sign this WAA on behalf of the Generator and, that by signing this application, the Generator understands and hereby agrees to fully indemnify Envirogreen Technologies Ltd. against any damages resulting from this certification being inaccurate or untrue.

Authorized Representative - Name and Title (Printed or Typed):

Company Name:

Authorized Representative Signature:

Date Signed:

ETL Use Only

ETL Work Order No./ETL Quote No.:	Initial Review by:	Date:
ETL Waste Code:	Final Review by:	Date: