

City of Kelowna

Landfill Fee - Solid Waste Management Regulation Bylaw No. 10106

Permit for Landfilling Contaminated Soils

Assessment/Application Form

	Glenmore Landfill	Application Date:	
Phone:	(250) 469-8880	Expiry Date:	
Email:	landfill@kelowna.ca		

FORM MUST BE SIGNED AND SUBMITTED BY A QUALIFIED PROFESSIONAL. PLEASE ANSWER ALL QUESTIONS COMPLETELY. PRINT NEATLY OR TYPE. ADDITIONAL INFORMATION MAY BE REQUIRED. SUBMIT FORM BY EMAIL TO: landfill@kelowna.ca

1.	Source Property Owner Name:			
2.	Source Property Address:			
3.	Nature and type of source (describe the site, specify Schedule			
	2 activity)			
4.	. Estimated volume and weight of material to be disposed:			
	$_{\rm m}$ $^{\rm 3}$ $_{\rm m}$ Tonne			
5.	Name of Hauler:			
6.	Hauling start date: Days to haul:			
	Note maximum daily haul is 300 tonnes			
7.	Describe the soil material (include all contaminants of concern and soil type/characteristics):			

- 8. Analytical results for, at minimum, all Contaminants of Concern must be submitted with this application. Analysis results will be evaluated according to the standards contained in the BC CSR Schedule 3.1. Indicate the estimated tonnage in each BC CSR Schedule 3.1 land use category in the table below. The applicable site specific factors are:
 - Intake of Contaminated Soil
 - Groundwater used for Drinking Water
 - Toxicity to Soil Invertebrates and Plants
 - Groundwater flow to surface water used by aquatic life (freshwater)
 - Groundwater used for Irrigation Water
 - pH: 7.6



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Meets AL standards (Clean fill)

AL+ to CL+

IL+

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Category Tonnes

Does the material contain constituents in concentre defined under the BC Hazardous Waste Regulation	rations that equal or exceed Hazardous Waste criteria as ion (B.C. Reg. 63/88)?			
□ Yes □	□ No			
10. Billing Method	If paying by account:			
□ Account	Account #:			
☐ Credit Card (phone landfill for payment)	Name on account:			
I, declare that the information given on this form is correct and accurate to the best of my knowledge.				
Signature of Qualified Professional	Company Name of Qualified Professional			
Date				
Office use only Approved by:				
Name	 Date			
Permit Fee paid?	□Yes □ No			