

## Manifested Asbestos Waste - Request to Dispose

Please submit the completed form to waste@rdbn.bc.ca or fax to (250-692-3305). A minimum 24 Hours notice is required.

Company Requesting Disposal:	Date Submitted:	Date Submitted:	
Disposal Request Date/Time:	Contact #		
Disposal Site:			
Knockholt Landfill (Monday – Friday,	10 AM – 5 PM) 8072 Aitken Road		
Clearview Landfill (Monday – Friday, 10 AM – 4 PM) 22095 Highway 27 South <u>Listed hours are operational hours. Disposal must be done an hour before closing</u>			
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Hauler:	License to Transport Haz. Waste ID#:		
Invaising Address.			
Invoicing Address:			
Generator #1	Generator #2		
Waste Origin Address:	Waste Origin Address	<b>S</b> :	
Type of Asbestos Material:	Type of Asbestos Mat	Type of Asbestos Material:	
Total Volume (LxWxH):	Total Volume (LxWxH	Total Volume (LxWxH):	
Units:	Units:	Units:	
Container Type:	Container Type:	Container Type:	
Generator #3:	0		
	Generator #4		
Waste Origin Address: Type of Asbestos Material:	_	Waste Origin Address: Type of Asbestos Material:	
Total Volume (LxWxH):		Type of Aspestos Material:  Total Volume (LxWxH):	
Units:		Units:	
Container Type:	Container Type:		
Please note that each Asbestos load has a	•	in addition to the \$90.00/mt	
charge.			
Comments: ie. Number of full or half full containers? Are the	containers arriving in a full or half full Pickup, F	Roll Off or Trailer?	
Total Quantity:			
Office Use Only			
Approved by:	Date:	Landfill notified:	
Comments :			