



RDBN SOLID WASTE MANAGEMENT SERVICES

CONTAMINATED SOIL DISPOSAL REQUEST

Please complete and submit page (1) of this form to waste@rdbn.bc.ca or fax to (250-692-3305 Attn: Alex) for approval. Please notify us of your completed request once it has been submitted . Once the request has been approved you will receive page (2) completed as a binding agreement.

Company Name: _____

Project #: _____

Originating Location of Soil: _____

Destination Landfill:

Clearview Landfill

Knockholt Landfill

Estimated Volume m3: _____

Moisture Content of Soil: _____

Sampling Results Attached: Y N

Expected Date of Disposal: _____

Project Contact Information:

Name: _____

Phone: _____

Email: _____

Address: _____

Billing Address: _____

Provide a brief description of project, classification of the material as per CSR (gravel, clay, sand, organic etc.), a summary of the sampling analysis and any other relevant information.