

## Landfill Waste Approval Application

|                                                  |                                                                                                                                           |           |                |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>FOR INTERNAL USE ONLY:</b>                    |                                                                                                                                           |           |                |
| <b>Waste Confirmation Code:</b>                  |                                                                                                                                           |           |                |
| <b>WASTE GENERATOR INFORMATION</b>               |                                                                                                                                           |           |                |
| <b>Waste Generator</b>                           | Company Name:                                                                                                                             |           |                |
| <b>Mailing Address</b>                           | Street:                                                                                                                                   |           |                |
|                                                  | City/Town:                                                                                                                                | Province: | Postal Code:   |
| <b>Generating Waste Location</b>                 | LSD/Physical Address:                                                                                                                     |           |                |
|                                                  | City/Town:                                                                                                                                | Province: | Postal Code:   |
| <b>Waste Generator Authorized Representative</b> | Full Legal Name:                                                                                                                          |           |                |
|                                                  | Phone:                                                                                                                                    | Email:    |                |
| <b>ENVIRONMENTAL CONSULTANT INFORMATION</b>      |                                                                                                                                           |           |                |
| <b>Consultant/Company</b>                        | Company Name:                                                                                                                             |           |                |
| <b>Mailing Address</b>                           | Street:                                                                                                                                   |           |                |
|                                                  | City/Town:                                                                                                                                | Province: | Postal Code:   |
| <b>Contact</b>                                   | Full Legal Name:                                                                                                                          |           |                |
|                                                  | Phone:                                                                                                                                    | Email:    |                |
| <b>INVOICING INFORMATION</b>                     |                                                                                                                                           |           |                |
| <b>Company</b>                                   | Company Name:                                                                                                                             |           |                |
| <b>Billing Address</b>                           | Street:                                                                                                                                   |           |                |
|                                                  | City/Town:                                                                                                                                | Province: | Postal Code:   |
| <b>Billing Contact</b>                           | Name:                                                                                                                                     |           |                |
|                                                  | Phone:                                                                                                                                    | Email:    |                |
| <b>Payment Method</b>                            | A/R account: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please complete credit application)                         |           |                |
|                                                  | Credit Card: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a separate Credit Card Authorization form will be emailed) |           |                |
| <b>Billing Information</b>                       | PO No.                                                                                                                                    | GL Code:  | Approver Code: |
|                                                  | AFE/WO/CC:                                                                                                                                |           |                |
|                                                  | Signatory Name:                                                                                                                           |           |                |
|                                                  | Phone:                                                                                                                                    | Email:    |                |

|                  |                  |        |
|------------------|------------------|--------|
| Second Signatory | Full Legal Name: |        |
|                  | Phone:           | Email: |

TRUCKING INFORMATION

|                  |                                                                                        |        |
|------------------|----------------------------------------------------------------------------------------|--------|
| Trucking Company | Company Name:                                                                          |        |
|                  | Phone:                                                                                 | Email: |
| UWI/LSD Product  | Downhole/Associated UWI (Please list all associated UWI’S with designated surface LSD) |        |
|                  | Surface:                                                                               |        |
|                  | Drill rig #:                                                                           |        |
|                  | Sources in Province: <input type="checkbox"/> Yes <input type="checkbox"/> No          |        |
|                  | Is this a Multi-well Pad: <input type="checkbox"/> Yes <input type="checkbox"/> No     |        |

WASTE STREAM INFORMATION

|                                                    |                                                                                                                                                                                                                    |                                |                     |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| Waste Description                                  | Description:                                                                                                                                                                                                       |                                |                     |
| Waste Generating Process                           | Clearly explain generating process: (attach separate sheets if required)                                                                                                                                           |                                |                     |
| Volume                                             | Tonnes:                                                                                                                                                                                                            | m <sup>3</sup>                 |                     |
| Shipping mode                                      | <input type="checkbox"/> Bulk <input type="checkbox"/> Bag <input type="checkbox"/> Bin <input type="checkbox"/> Other (Specify)                                                                                   |                                |                     |
| Frequency                                          | <input type="checkbox"/> One-Time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually                                                |                                |                     |
| Recommended PPE and special handling instructions: |                                                                                                                                                                                                                    |                                |                     |
| Properties of Concern                              | Does the waste contain: <input type="checkbox"/> PCB <input type="checkbox"/> EOX <input type="checkbox"/> NORM <input type="checkbox"/> METALS <input type="checkbox"/> SULPHUR <input type="checkbox"/> ASBESTOS |                                |                     |
|                                                    | List any other significant properties of concern:                                                                                                                                                                  |                                |                     |
| Attachments                                        | <input type="checkbox"/> Supporting analytical                                                                                                                                                                     | Supporting analytical I.D. no. | Date of Analytical: |

**PLEASE SELECT THE LANDFILL YOU WISH TO USE AND EMAIL THE COMPLETED LANDFILL WASTE APPROVAL APPLICATION, ALONG WITH ANY ACCOMPANYING DOCUMENTS, TO THE CORRESPONDING LANDFILL:**

☐ Fort McMurray South Landfill  
LSD: 10-25-085-10 W4  
Email: fmslfadmin@pureenviro.eco  
Phone: (587) 315-9441

☐ Cold Lake Landfill  
LSD: 07-27-064-04 W4  
Email: cllfadmin@pureenviro.eco  
Phone: (587) 315-9397

☐ Marten Hills Landfill  
LSD: 09-36-076-05W  
Email: martenhillslfadmin@pureenviro.eco  
Phone: (825) 255-6768

## GENERATOR'S CERTIFICATION

I understand that it is the responsibility of the Generator or the Generator's Authorized Representative to determine the characteristics of the waste and its proper classification. I hereby certify that the information entered on this application is correct and that the waste material complies with all federal, provincial, and local laws and regulatory criteria for receipt and disposal at Pure Environmental's facility. I hereby indemnify Pure Environmental from and against any and all claims, actions, damages, liabilities, and expenses in connection with loss or injury whatsoever arising from or out of any inaccuracy or untruthfulness in the information provided herein.

Print Name \_\_\_\_\_

Authorized  
Signature \_\_\_\_\_

Title/Position \_\_\_\_\_ Date \_\_\_\_\_