



## CUSTOMER WASTE APPROVAL FORM (CWA)

### APPROVAL PROCEDURE

Please ensure this form is completed by the waste generator or a representative of the waste generator. Please complete all sections and sign and date this form.

Upon completion, please attach any additional information (analysis, MSDS, etc.) that describes the waste and email it to [bestlandfarm@sasktel.net](mailto:bestlandfarm@sasktel.net) or fax it to (306) 522-7700.

Upon approval, a Customer Waste Approval number (CWA) will be issued to the contact information provided in Section 1.

Prior to shipping, please call our office at (306) 522-2378 to advise of your shipping arrangements.

#### 1. GENERATOR INFORMATION

Generator Name: \_\_\_\_\_ AFE #: \_\_\_\_\_

Consultant/Agent Name: \_\_\_\_\_

Surface Location: \_\_\_\_\_

Customer information to send Approval # upon approval:

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### 2. WASTE CHARACTERIZATION

a) Waste Description: \_\_\_\_\_

b) Process Generating Waste: \_\_\_\_\_

c) Quantity: \_\_\_\_\_ Metric Tonnes or \_\_\_\_\_ Cubic Meters

d) Frequency: \_\_\_\_\_

e) Recommended PPE and special handling: \_\_\_\_\_

f) Shipping Mode: \_\_\_\_\_ Bulk \_\_\_\_\_ Bags Other: \_\_\_\_\_

g) Representative sample has been submitted for analysis: \_\_\_\_\_ Yes \_\_\_\_\_ No

**3. PHYSICAL PROPERTIES**

a) Physical State:  Dry Solid  Damp Solid  Sludge  Powder/Dust

Other: \_\_\_\_\_

b) Flash Point:  < 61°C  > 61°C

c) Odor:  Strong  Slight  None Description: \_\_\_\_\_

d) Debris is waste:  Yes  No Description: \_\_\_\_\_

e)  PH  EC  SAR  EOX

f) Are PCBs expected to be present:  Yes  No

g) Are sterilents, pesticides or herbicides expected to be present:  Yes  No

**4. WASTE REGULATION INFORMATION**

a) Hazardous under applicable provincial Waste Control Regulations:  Yes  No

b) Regulated under the Transportation of Dangerous Goods?  Yes  No

Proper Shipping Name: \_\_\_\_\_

Class: \_\_\_\_\_ PIN: \_\_\_\_\_

**5. ATTACHMENTS**

The following five analyses must be completed for acceptance consideration:

- BTEX
- F1-F4
- Leachable Metals
- Metals in Soil
- Flash Point

Other (MSDS etc.): \_\_\_\_\_

Name of laboratory completing analysis: \_\_\_\_\_

**6. REPRESENTATIVE SAMPLE CERTIFICATE**

*\* This section is to be completed by the person responsible for obtaining samples of the waste described above.*

I certify that the sample for which the analytical data provided for the waste described above is representative of the waste and was collected and preserved in a manner consistent with acceptable technical standards.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Sample Collection Date: \_\_\_\_\_

Check one:  Single Sample  Composite Sample & # of Sample Points: \_\_\_\_\_

**7. GENERATOR CERTIFICATE**

*\* This section must be completed by an authorized representative of the Generator.*

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true and accurate representation of the waste material being offered for disposal. I further certify that neither myself nor any other employee of the company will offer for disposal any waste that is classified as hazardous waste, medical or infectious waste, or any other waste material PV Waste Solutions (BEST Ltd.) is prohibited from accepting by law. Our company hereby agrees to indemnify the hauler, transfer and disposal facility against any damages resulting from this certification being inaccurate or untrue.

Generators Name: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed form and supporting documentation to:  
[bestlandfarm@sasktel.net](mailto:bestlandfarm@sasktel.net) or fax (306) 522-7700**

**TO BE COMPLETED BY PV WASTE SOLUTIONS (BEST LTD.)**

***Conditions of Acceptance***

PH (not less than < 2 or > 12.5): \_\_\_\_\_

CWA #: \_\_\_\_\_

Flash Point (not < 61°C): \_\_\_\_\_

Approval Date: \_\_\_\_\_

BTEX (not > 0.5 mg/L): \_\_\_\_\_

Metals do not exceed Specified Limits: \_\_\_\_\_

Special handling/operational comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suitable for: \_\_\_\_\_

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_