

CITY OF NORTH BAY
MERRICK LANDFILL SITE WASTE DISPOSAL REQUEST FORM

Company: _____ Date: _____

Address: _____ Phone #: _____

Contact Person: _____ Fax #: _____

Permission is hereby requested to landfill:

_____ Tonnes of Asbestos* _____ Bags of Asbestos*

_____ Yard Bin of Asbestos*, filled $\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ full

Format of Asbestos*?(bagged insulation, pipes, tiles, etc.) _____

_____ Tonnes of contaminated soil** _____ Tonnes of clean fill**

This material is being removed from: _____, _____.
Site address _____ Municipality Name _____

Material will be delivered to Merrick Landfill

on: _____ at _____ (estimate if not known)
(date) (time)

Material will be hauled by: _____
(Company Name, if different from above)

Hauler Contact Name and Phone Number: _____

Send Asbestos Requests to: (e-mail) merricklandfill@northbay.ca. Please call the Merrick Landfill at 705-495-0746 before sending requests and do not assume load is approved until you receive confirmation from staff. E-mails are not always monitored.

Send Soil Requests to: soil.disposal@northbay.ca

For questions regarding soil disposal please contact:

Celia Bird, Environmental Coordinator. Phone: 705-474-0400 ext. 5243

or Matthew Procunier, Landfill Operations Supervisor Phone: 705-474-0400 ext. 6111

* Merrick Landfill asbestos deliveries must comply with Ontario Regulation 347 and must be approved by landfill staff at least 24 hours in advance of delivery.

** Contaminated soil must be tested to Schedule 4 Leachate Quality Criteria as determined by a certified laboratory using approved TCLP. Clean Fill must meet Table 1 Agricultural Standards as listed in the Soil, Groundwater and Sediment Standards for use under Part XV.1 of the EPA, April 5, 2011. Screening of the soil will be conducted in such a way as to provide results representative of all loads. All Ontario Regulation 558 sample results shall be provided to the City with the return of this form. Deliveries to the Merrick Landfill will be rejected if analytical results have not been approved.

To be completed by Landfill Scale Attendant:

Delivery Received by: _____, _____
(Name) (Signature)

Invoice Number(s): _____

Date: _____ Amount: _____ tonnes _____