



# Forceman Ridge Disposal Application (Non-Controlled Waste)

***The Regional District of Kitimat-Stikine requires a minimum of 48 hrs notice to process this application. The applicant will be notified when the review is complete. This Permit may be issued for an extended time period covering multiple loads of the same product.***

**OFFICE USE ONLY**  
 Permit #: \_\_\_\_\_  
 Approval Date: \_\_\_\_\_  
 Initials: \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_  
 Closed Date: \_\_\_\_\_  
 Initials: \_\_\_\_\_

|  |                                     |              |
|--|-------------------------------------|--------------|
| <b>Applicant ( Account Card Holder will be billed, No Third Party Billing)</b>                     |                                     |              |
| Account Name:  | Contact Name:                       |              |
| Account Number:  | Contact Number:                     |              |
| Hauler:  |                                     |              |
| <b>Source Site Property Location – attach a map or sketch showing site boundaries as necessary</b> |                                     |              |
| Site Owner:  | <input type="checkbox"/> Industrial |              |
| Street Address:  |                                     |              |
| City:  | Province:                           | Postal Code: |
| Highway:   | Distance/Direction:                 |              |

**Type of Non-Controlled Waste**  
 Organics  \_\_\_\_\_  
 Additional Information: \_\_\_\_\_

**Estimated Volume:** \_\_\_\_\_  Tonnes  M<sup>3</sup> **Estimated Loads** \_\_\_\_\_  
**Requested Delivery Date(s):** \_\_\_\_\_ **Delivery Frequency:** \_\_\_\_\_  
**Please make an appointment for each reoccurring delivery by emailing [solidwasteservices@rdks.bc.ca](mailto:solidwasteservices@rdks.bc.ca)**

**Acceptance Agreement – To Be Completed by Source Owner**

The information I have provided is accurate. I know of no regulation, bylaw or other legal restriction which might prohibit the relocation of the material being delivered. I will ensure that all permits, manifests and other regulatory and safety requirements are met. I understand that the Regional District of Kitimat-Stikine may reject any load any reason at its discretion. This agreement is in accordance with the regulations and established fees provided in Regional District Kitimat-Stikine Bylaw 671.

\_\_\_\_\_  
 Signature of Source Site Owner:

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

\_\_\_\_\_  
 Date (yyyy/mm/dd):

**Notice of Collection of Personal Information:** The information collected on this form will be used to process the application and for the purposes of administration and enforcement. The personal information is collected under the authority of the Local Government Act and the bylaws of the Regional District of Kitimat-Stikine. Information submitted may be made available for public inspection pursuant to the Freedom of Information and Protection of Privacy Act. Contact the Regional District of Kitimat-Stikine if you have any questions regarding the use of this information.

# Office Use - Regular Waste Application Summary Sheet

**Solid Waste Function:**

**Permit Number:** \_\_\_\_\_ **Hauler:** \_\_\_\_\_ **Industrial Y/N** **Expiry Date:** \_\_\_\_\_

Material Charge Code:  Organics Commercial  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_

**Estimated Volume:** \_\_\_\_\_  Tonnes \_\_\_\_\_  M<sup>3</sup> **Estimated Loads** \_\_\_\_\_

**Authorized By:**

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

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

**Send copy to Accounting to ensure account and cards are set up prior to arrival**

| <i>Delivery Date</i>          | <i>Time</i> | <i>BCC Notified</i> | <i>Applicant Notified</i> | <i>Material matches permit</i> | <i>BCC Initials</i> | <i>Comments</i> |
|-------------------------------|-------------|---------------------|---------------------------|--------------------------------|---------------------|-----------------|
|                               |             |                     |                           | Y/N                            |                     |                 |
|                               |             |                     |                           | Y/N                            |                     |                 |
|                               |             |                     |                           | Y/N                            |                     |                 |
|                               |             |                     |                           | Y/N                            |                     |                 |
|                               |             |                     |                           | Y/N                            |                     |                 |
|                               |             |                     |                           | Y/N                            |                     |                 |
|                               |             |                     |                           | Y/N                            |                     |                 |
|                               |             |                     |                           | Y/N                            |                     |                 |
|                               |             |                     |                           | Y/N                            |                     |                 |
|                               |             |                     |                           | Y/N                            |                     |                 |
|                               |             |                     |                           | Y/N                            |                     |                 |
|                               |             |                     |                           | Y/N                            |                     |                 |
|                               |             |                     |                           | Y/N                            |                     |                 |
|                               |             |                     |                           | Y/N                            |                     |                 |
|                               |             |                     |                           | Y/N                            |                     |                 |
|                               |             |                     |                           | Y/N                            |                     |                 |
| <b>Date of Last Delivery:</b> |             |                     |                           |                                |                     |                 |

- Return Completed Application To RDKS Solid Waste after last delivery for Review
- Send Copy to accounting to review automated billing

Accounting Function:  
 Checklist: Correct Account  Correct Material  All Loads Invoiced  Confirmed with Gate Report   
 Invoice #'s: \_\_\_\_\_  
 Adjustments Made: \_\_\_\_\_