



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***
- _____ **Tonnes of contaminated waste****
- _____ **Bags of Asbestos***
- _____ **Tonnes of industrial grade fill****

This material is being removed from: _____ / _____
Site Name 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: _____

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

Invoice Number: _____

Date: _____ **Amount:** _____ **tonnes**

**Send To: Michelle Allard
Landfill Operations Coordinator
Fax Number: 705-495-0936
Phone Number: 705-474-0400 ext. 2306
Cell Phone Number: 705-495-9998**

- * Merrick Landfill Deliveries must comply with Ontario Regulation 558.
- ** Contaminated soil must be tested to Schedule 4 Leachate Quality Criteria as determined by a certified laboratory using approved Leachate Extraction Procedures. Screening of the waste material should be conducted in such a way to confirm that the most contaminated areas of a site being decommissioned are tested. All Ontario Regulation 558 sample results should be provided to the City of North Bay with the return of this form.