

Fleet Street Landfill Special Waste Disposal Permit

Complete form in PDF fillable format, print and sign where indicated. The City will not process incomplete or handwritten application forms, with the exception to the signature and date line.

Form must be returned via email to specialwaste@regina.ca.

After Office approval, the Carrier must provide at least 24-hour notice of disposal to the Landfill (306-751-4209) or the load will be rejected. All loads are weather dependent and subject to rejection by the Landfill staff.

Consignor:	Carrier:		
Address:	Address:		
Email:	Office:		
Phone:	Driver Ce	ell:	
Cell:	Truck Lic	ense:	
Site/Generator			
Name & Address:			
Type of Material	Analytical Required	Analytical Provided	Asbestos Only
Asbestos	No	N/A	
Animal Carcass	No	N/A	Friable
Potentially Contaminated Soil	Yes		
Other Special Waste	Yes		☐ Non-friable
Specify:	res		
Estimated Disposal Quantity (kg or # of bags or m³ for soil):			
I hereby calcould do the information out	mitted on this form is accurat	and fallows the Cookstoher	van Ossunational
I hereby acknowledge the information submitted on this form is accurate and follows the Saskatchewan Occupational Health and Safety Regulations.			
Consignor Signature (sign before submitting for approval)		Driver Signature (sign after approval)	
Note: The City of Regina is not responsible for any penalties that may arise from failure to comply with any rules or regulations.			
Landfill Personnel Only			
Date Received:	Actual Quantity Received:		
Received By (name & signature):			
Load Rejected? (Y / N) Reason (if applicable):			
Environmental Services Only			
Soil Type: Intermediate (Track Volume)			
Permit Number:		Permit Expiry Date:	
Approved By:	Date of	Date of Approval:	