



WASTE DISPOSAL APPLICATION

MERU WASTE DISPOSAL FACILITY Licence: L9127-2018-1	Reference Number: _____
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DETAILS OF WASTE ORIGIN

Origin of Waste
(where the waste originally came from): _____

Address waste originally came from: _____

Original Company disposing of Waste: _____

Contact Name at Original Company: _____

Contact Number of Original Company: _____

APPLICANT DETAILS

Applicant: _____

Who is carrying the waste?
(Waste carrier) _____

Contact Person:
(for waste carrier) _____

Contact Number
(for waste carrier): _____

Contact Number: _____

Client (Meru account holder): _____

Multiple Loads
Yes No

Contact Person:
(responsible for waste) _____

Contact Number: _____

WASTE DESCRIPTION

Estimated Date of Delivery to Meru: _____

Expected Total Tonnages: _____

Laboratory Report Provided: Yes No

How many samples taken: _____

Was a leachate test completed with
laboratory report attached? Yes No

What type of waste is it? Liquid Solid Sludge

Contamination level determined by company: _____

How is the waste contaminated: _____

Where is the product currently stored? _____

How is the product currently stored? _____

How long have you had the product in storage? _____

Was the contaminated product remediated? Yes No

If yes, with what product? _____

Additional comments: _____

PLEASE NOTE

Once the City have reviewed this information (3-4 business days), we will determine what levels of contamination exist – various different classifications attract different disposal fees.

To conform to our own internal auditing procedures, we may take samples of your product at Meru Landfill after disposal to verify the authenticity of any laboratory reports provided. Should higher levels of contamination exist, we may reject future waste disposal applications/levy an additional charge for rehandling the product.

Signature: _____

Date: _____