

300-4545 Lazelle Avenue Terrace, B.C. V8G 4E1 Tel 250-615-6100 Fax 250-635-9222

Monthly Liquid Waste Disposal Reporting Form

To assist with Ministry of Environment reporting requirements, all haulers disposing of Liquid Wastes at Regional District of Kitimat-Stikine Disposal Facilities shall report the following information **monthly**. Haulers who do not comply with these instructions and requirements may have access privileges revoked.

Email completed forms to: Solid wasteservices@Tdks.bc.ca of Fax to 250-055-5222								
Hauler	& Date							
Hauler		Month Yea		Year				
Contact F	Phone Number		Compl	Completed By				
Facility	(Each facility red	quires a s	separate rep	porting fo	rm)			
☐ Forceman Ridge WMF ☐ Hai		☐ Haze	elton WMF	☐ Iskut Landfill ☐		☐ Meziad	Meziadin Landfill	
Report	ing Units							
☐ US gal		imp gal			L	\square m ³		
Day	Type of Was Drain Sump / Septic Tar Tank / Treatment Plar	nk / Holding	Volume Units Selected Above		ource/Origin/Add		Permit #	