

EKURHULENI METROPOLITAN MUNICIPALITY

APPROVAL PAGE

TITLE : Waste Delisting Questionnaire as extracted from the Rietfontein Landfill Delisting Procedure

KEY WORDS :

PUBLICATION DATE : February 2002

AUTHORS : **Dr. D. Baldwin and Mrs. J. Nicholson**

APPROVED BY :

Ekurhuleni Metropolitan Municipality

APPROVED BY :

APPROVED BY :

PLEASE NOTE : **The onus is on the reader/user of this procedure to ensure that they have available the latest copy/version of this document.**

Copyright:

All rights reserved. No part of this document may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of Environmental Risk Management cc and Environmental and Chemical Consultants cc.

Note:

If this copy is no longer in use, return to sender.

Document No.	Revision	CP No	Section	Chapter	Page 1 of 2
	1	-	-	-	

DOCUMENT HISTORY RECORD

DISTRIBUTION LIST

COPIES:	OWNER
	Riana Becker
	Site Laboratory

CHANGE HISTORY

DATE	Description of change
08/2001	Revised
02/02	Updated
07/05	Updated
11/06	Updated with lab analysis requirements
07/07	Updated regarding Safe Disposal Certificates
07/07	Updated regarding Safe Disposal Certificates
02/08	Clause re contacting of generators
02/09	Reviewed. External Laboratory contacts updated
07/09	Addition of request to register with GDACE WIS
01/2010	Name Changes

EKURHULENI METROPOLITAN MUNICIPALITY

1. QUESTIONNAIRE (EXTRACTED FROM DELISTING PROCEDURE)

1. QUESTIONNAIRE

This questionnaire should be completed and faxed through to:

Mrs. Janine Nicholson

Fax Number: 0866724210

PLEASE NOTE THAT THIS DOCUMENT AND FORMS ARE UPDATED FROM TIME TO TIME AND IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THAT THEY ARE USING THE LATEST VERSION

1.1 DETAILS OF THE WASTE GENERATOR

Name:

Postal Address:

Fax Number or e-mail address:

1.2 CONTACT PERSON

Full Name:

Telephone Number:

Cell Number:

1.3 DETAILS OF THE COMPANY TRANSPORTING THE WASTE TO THE LANDFILL SITE

Name:

Address:

Telephone number:

Document No.	Revision	CP No	Section	Chapter	Page 3 of 2
	1	-	-	-	

EKURHULENI METROPOLITAN MUNICIPALITY

1.4 CONTACT PERSON AT TRANSPORT COMPANY

Name:

Telephone number and cell number:

e-mail Address:

1.5 TYPE OF WASTE

Name:

1.6 PROCESS GENERATING THE WASTE

A brief description:

1.7 EXPECTED CONSTITUENTS OF THE WASTE

Please list the constituents of the waste stream and their concentrations (if available):

Please supply any analysis certificates from reputable laboratories, which may be available. Material Safety Data Sheets should also be supplied where possible.

Constituent	Concentration	Constituent	Concentration
1		4	
2		5	
3		6	

1.8 VOLUME AND/OR MASS OF THE WASTE TO BE DISPOSED:

Volume:

Mass:

Document No.	Revision	CP No	Section	Chapter	Page 4 of 2
	1	-	-	-	

EKURHULENI METROPOLITAN MUNICIPALITY

1.9 FREQUENCY

Please state the frequency with which the above volume of waste will be disposed of:

--

1.10 FORM OF WASTE

Please state whether the waste is in the form of a solid, liquid or sludge:

--

1.11 TREATMENT

Please indicate whether the waste is currently being treated in any way and if so please supply a brief description of the treatment, which it undergoes:

1.12 DISPOSAL

Please indicate how the waste is currently disposed:

AGREEMENT

I hereby agree that I have read and clearly understood the above document on the Waste Delisting procedures. I agree to comply with all the conditions stipulated. The questionnaire has been filled in truthfully and all information supplied with regard to the waste is accurate.

SIGNED:

PRINT NAME:

DATE:

Document No.	Revision	CP No	Section	Chapter	Page 5 of 2
	1	-	-	-	