



Alberni-Clayoquot Regional District

Drywall/Gypsum Waste Disposal Application

Instructions for the disposal of Drywall/Gypsum at the Alberni Valley Landfill.

New Construction (drywall) - Cut offs

1. Complete the waste disposal application form attached;
2. Bring the completed form and material to the landfill for onsite verification.

Reno/Demo Gypsum (drywall) (post-1990 & date stamped OR accompanied by lab results)

If gypsum (drywall) is dated post-1990 (see examples of "Manufacturer's Date Stamps" below) OR the gypsum (drywall) does not have compound/joint mud, you are not required to proceed to the next steps. Refer to "New Construction Gypsum (drywall)" instructions above.

For pre-1990 gypsum (drywall) or drywall that is not date stamped, proceed with the following step(s):

1. Complete the waste disposal application form attached;
2. Have the gypsum (drywall) compound mud tested for asbestos (residents or contractors should provide a project hazardous assessment report, as per Work Safe BC Guidelines Part 20 – Demolition).

Note: testing results for each room being renovated will be required. Staff are able to refuse loads that do not have sufficient analytical reports.

3. Attach your supporting documentation and submit the waste disposal application to the AV Landfill for approval (contact information is listed below). Disposal of drywall/gypsum containing compound mud must be within 90 days of receiving analytical report from certified laboratory. Analytical data received as part of a home inspection will be accepted without a time restriction).

Manufacturer's Date Stamps:

Manufacturer's Date Stamps are printed in black, blue or purple ink. Acceptable date stamps are never printed in green ink. The date stamp can be on the front, back or edge of the board.



Applications are available on the ACRD website at: www.acrd.bc.ca

AV Landfill located at: 7080 McCoy Lake Road, Port Alberni, BC, 250-723-1059



Alberni-Clayoquot Regional District

Drywall/Gypsum Waste Disposal Application

The information collected on this form is collected under the authority of section 26 c of the *Freedom of Information and Protection of Privacy Act* and will be used for the purposes of administering the drywall recycling controlled waste collection program at the *Alberni Valley Landfill*. Your information will be shared with a third party if necessary for the purpose of removal of drywall from our landfill to the New West Gypsum Recycling facility. Inquires about the collection, use and disclosure of this information can be made at the Alberni-Clayoquot Regional District Environmental Services Department located at 3008, 5th Ave, Port Alberni, BC, 250-720-2700.

Contact Information

Name of contact person: _____

Address/origin of waste: _____

City: _____ Prov: _____ Postal Code: _____

Contact info: Email: _____ Phone: _____

Material Information

- | | | |
|--|--------------|-----------|
| 1. New cut-offs or no drywall/compound mud | Date stamped | Non dated |
| 2. Age of material (based on stamp): _____ | | Unknown |
| 3. Has a hazardous materials assessment been completed? | Yes | No |
| 4. Has a notice of project been filed with Work Safe BC? | Yes | No |
| 5. Have you attached your supporting documents (testing results or hazardous material assessment for each room being renovated)? | Yes | No |

If you have answered “yes” to #3 or #4, please ensure that a copy of all required documentation is attached to this application. You will be required to submit your application in advance and have it approved prior to disposal.

General Declaration

The delivery and dumping of asbestos containing material poses a serious health risk to workers and will result in significant damages to the AV Landfill and New West Gypsum recycling Inc. New West Gypsum Recycling Inc is relying on the accuracy of the customer’s declaration in accepting drywall materials for recycling. By signing this form, the customer agrees that the waste to be disposed is fully and accurately described above and is suitable for disposal at the AV Landfill.

Signature: _____ Date: _____

** Please ensure that any analytical or assessments or Material Data Sheets are included with your application.

For internal use only

Date received: _____

Approved: Yes No

Application complete: Yes No

Date approved: _____

Analytical data required: Yes No

Approved by: _____

Date stamp on drywall: _____

Applicant advised of decision: Yes

Ticket #: _____

Copy forwarded to AV Landfill: Yes

Drywall Bunker #: _____

Date of Disposal: _____