

Absorbents



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)					B) TRANSPORTER (CARRIER)														
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9		COMPANY NAME:					CITY:		PROV:							
ADDRESS: 200, 717 – 7 Avenue SW					ADDRESS:					POSTAL CODE:									
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3		DATE:			UNIT NO:		TELEPHONE:		FAX:							
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location					Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.														
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																			
INTENDED RECEIVER: Insert Receiver					C) RECEIVER (CONSIGNEE)														
CITY:					PROV:		ADDRESS:					POSTAL CODE:							
RECEIVING SITE LOCATION:					RECEIVING SITE LOCATION:					OPERATOR CODE/BA CODE:									
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW		CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON	
OILABS	D	Solids Containing Flammable Liquid, N.O.S.		4.1	UN3175	II													
Refer To Handling Code List																			
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:										IF HANDLING CODE "02" OR "21" SPECIFY:									
DATE SHIPPED: Required					TIME SHIPPED: Required					DATE RECEIVED:					TIME RECEIVED:				
Certification - I declare that the information in PART A is correct and complete.										TELEPHONE / CELLULAR: Required					IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.				
NAME OF AUTHORIZED PERSON (PRINT): Required					SIGNATURE: Required					24HR EMERGENCY NO: Required									
COMMENTS																			
Certification - I declare that the information contained in PART C is correct and complete.																			
NAME OF AUTHORIZED PERSON (PRINT):																			
TELEPHONE:																			
SIGNATURE:																			

Acid



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)					B) TRANSPORTER (CARRIER)															
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9		COMPANY NAME:				CITY:		PROV:									
ADDRESS: 200, 717 - 7 Avenue SW					ADDRESS:				POSTAL CODE:											
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3			DATE:		UNIT NO:		TELEPHONE:			FAX:						
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location					Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.															
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																				
INTENDED RECEIVER: Insert Receiver					C) RECEIVER (CONSIGNEE)															
CITY:					PROV:		ADDRESS:				POSTAL CODE:									
RECEIVING SITE LOCATION:					RECEIVING SITE LOCATION:				OPERATOR CODE/BA CODE:											
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW			CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON	
ACID	D	Corrosive Liquids, N.O.S.			8	UN1760	I													
Refer To Handling Code List																				
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:								
DATE SHIPPED: Required					TIME SHIPPED: Required					DATE RECEIVED:		TIME RECEIVED:								
Certification - I declare that the information in PART A is correct and complete.					TELEPHONE / CELLULAR: Required			IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.												
NAME OF AUTHORIZED PERSON (PRINT): Required					SIGNATURE: Required			24HR EMERGENCY NO: Required												
COMMENTS																				
												Certification - I declare that the information contained in PART C is correct and complete.								
												NAME OF AUTHORIZED PERSON (PRINT):								
												TELEPHONE:								
												SIGNATURE:								

Activated Carbons



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)															
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:				CITY:		PROV:							
ADDRESS: 200, 717 – 7 Avenue SW						ADDRESS:						POSTAL CODE:							
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:		UNIT NO:		TELEPHONE:		FAX:							
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location						Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number						NAME (PRINT):				SIGNATURE:									
INTENDED RECEIVER: Insert Receiver						C) RECEIVER (CONSIGNEE)													
						COMPANY NAME:				CITY:		PROV:							
CITY:						PROV:		ADDRESS:						POSTAL CODE:					
RECEIVING SITE LOCATION:						RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW		CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON	
ACTCRB	D	Carbon, Activated		4.2	UN1362	III													
Refer To Handling Code List																			
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:							
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:		TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.						TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.									
NAME OF AUTHORIZED PERSON (PRINT): Required						SIGNATURE: Required				24HR EMERGENCY NO: Required									
COMMENTS																			
												Certification - I declare that the information contained in PART C is correct and complete.							
												NAME OF AUTHORIZED PERSON (PRINT):							
												TELEPHONE:							
												SIGNATURE:							

Asbestos, White



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)															
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:				CITY:		PROV:							
ADDRESS: 200, 717 – 7 Avenue SW						ADDRESS:						POSTAL CODE:							
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:		UNIT NO:		TELEPHONE:		FAX:							
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location						Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number						NAME (PRINT):				SIGNATURE:									
INTENDED RECEIVER: Insert Receiver						C) RECEIVER (CONSIGNEE)													
						COMPANY NAME:				CITY:		PROV:							
CITY:						ADDRESS:						POSTAL CODE:							
RECEIVING SITE LOCATION:						RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW		CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON	
ASBEST	D	Asbestos, White		9.1	UN2590	III													
Refer To Handling Code List																			
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:							
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:		TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.						TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.									
NAME OF AUTHORIZED PERSON (PRINT): Required			SIGNATURE: Required			24HR EMERGENCY NO: Required													
COMMENTS																			
												Certification - I declare that the information contained in PART C is correct and complete.							
												NAME OF AUTHORIZED PERSON (PRINT):							
												TELEPHONE:							
												SIGNATURE:							

Batteries (Wet)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)													
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9	COMPANY NAME:			CITY:	PROV:			ADDRESS:		POSTAL CODE:				
ADDRESS: 200, 717 - 7 Avenue SW				DATE:			UNIT NO:	TELEPHONE:		FAX:		SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location					
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3		Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.				NAME (PRINT):		SIGNATURE:						
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number				C) RECEIVER (CONSIGNEE)													
INTENDED RECEIVER: Insert Receiver				COMPANY NAME:			CITY:	PROV:			ADDRESS:		POSTAL CODE:				
CITY:			PROV:	RECEIVING SITE LOCATION:			RECEIVING SITE LOCATION:			OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
BATT	D	Batteries, Wet, Filled with Acid	8	UN2794	III												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:											IF HANDLING CODE "02" OR "21" SPECIFY:						
DATE SHIPPED: Required				TIME SHIPPED: Required				DATE RECEIVED:				TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.						TELEPHONE / CELLULAR: Required		IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.									
NAME OF AUTHORIZED PERSON (PRINT): Required			SIGNATURE: Required			24HR EMERGENCY NO: Required											
COMMENTS																	
											Certification - I declare that the information contained in PART C is correct and complete.						
											NAME OF AUTHORIZED PERSON (PRINT):						
											TELEPHONE:						
											SIGNATURE:						

Caustic Solutions (Un-Neutralized, spent)



Alberta Oilfield Waste Form

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COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9	COMPANY NAME:						CITY:			PROV:				
ADDRESS: 200, 717 – 7 Avenue SW				ADDRESS:						POSTAL CODE:							
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3	DATE:			UNIT NO:		TELEPHONE:		FAX:						
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number				NAME (PRINT):						SIGNATURE:							
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)													
				COMPANY NAME:						CITY:			PROV:				
CITY:				PROV:	ADDRESS:						POSTAL CODE:						
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
CAUS	D	Corrosive Liquid, N.O.S.	8	UN1760	I												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:					
DATE SHIPPED: Required				TIME SHIPPED: Required				DATE RECEIVED:				TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.					
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required				24HR EMERGENCY NO: Required									
COMMENTS																	
												Certification - I declare that the information contained in PART C is correct and complete.					
												NAME OF AUTHORIZED PERSON (PRINT):					
												TELEPHONE:					
												SIGNATURE:					

Chemicals (Inorganic)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)					B) TRANSPORTER (CARRIER)													
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9		COMPANY NAME:					CITY:		PROV:						
ADDRESS: 200, 717 – 7 Avenue SW					ADDRESS:					POSTAL CODE:								
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3		DATE:			UNIT NO:		TELEPHONE:		FAX:						
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location					Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete. NAME (PRINT): _____ SIGNATURE: _____													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																		
INTENDED RECEIVER: Insert Receiver					C) RECEIVER (CONSIGNEE)													
					COMPANY NAME:					CITY:		PROV:						
CITY:					PROV:	ADDRESS:					POSTAL CODE:							
RECEIVING SITE LOCATION:					RECEIVING SITE LOCATION:					OPERATOR CODE/BA CODE:								
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW		CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
INOCHM	D	Corrosive Liquid, N.O.S.		8	UN1760	I												
Refer To Handling Code List																		
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:						
DATE SHIPPED: Required					TIME SHIPPED: Required					DATE RECEIVED:		TIME RECEIVED:						
Certification - I declare that the information in PART A is correct and complete.					TELEPHONE / CELLULAR: Required					IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.								
NAME OF AUTHORIZED PERSON (PRINT): Required					SIGNATURE: Required												24HR EMERGENCY NO: Required	
COMMENTS																		
Certification - I declare that the information contained in PART C is correct and complete.																		
NAME OF AUTHORIZED PERSON (PRINT):																		
TELEPHONE:																		
SIGNATURE:																		

Chemicals (Organic)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)					B) TRANSPORTER (CARRIER)																
COMPANY NAME: Caltex Energy Inc.					OPERATOR/BA CODE (GENERATOR): OTM9					COMPANY NAME:					CITY:		PROV:				
ADDRESS: 200, 717 – 7 Avenue SW					ADDRESS:					ADDRESS:					POSTAL CODE:						
CITY: Calgary			PROV: AB		POSTAL CODE: T2P 5G3			DATE:			UNIT NO:		TELEPHONE:		FAX:						
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location					Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.																
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																					
INTENDED RECEIVER: Insert Receiver					C) RECEIVER (CONSIGNEE)					COMPANY NAME:					CITY:		PROV:				
CITY:					ADDRESS:					ADDRESS:					POSTAL CODE:						
RECEIVING SITE LOCATION:					RECEIVING SITE LOCATION:					RECEIVING SITE LOCATION:					OPERATOR CODE/BA CODE:						
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW			CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	PACKAGING CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON		
ORGCHM	D	Corrosive Liquid, N.O.S.			8	UN1760	I														
Refer To Handling Code List																					
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:													IF HANDLING CODE "02" OR "21" SPECIFY:								
DATE SHIPPED: Required					TIME SHIPPED: Required					DATE RECEIVED:					TIME RECEIVED:						
Certification - I declare that the information in PART A is correct and complete.										TELEPHONE / CELLULAR: Required					IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.						
NAME OF AUTHORIZED PERSON (PRINT) Required					SIGNATURE Required					24HR EMERGENCY NO: Required											
COMMENTS										Certification - I declare that the information contained in PART C is correct and complete.											
										NAME OF AUTHORIZED PERSON (PRINT):											
										TELEPHONE:											
										SIGNATURE:											

Contaminated Soil (Chemicals)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)															
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:						CITY:			PROV:				
ADDRESS: 200, 717 – 7 Avenue SW						ADDRESS:						POSTAL CODE:							
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:			UNIT NO:			TELEPHONE:		FAX:					
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location						Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																			
INTENDED RECEIVER: Insert Receiver						C) RECEIVER (CONSIGNEE)													
						COMPANY NAME:						CITY:			PROV:				
CITY:						ADDRESS:						POSTAL CODE:							
RECEIVING SITE LOCATION:						RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW		CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON	
SOILCH	D	Solids Containing Corrosive Liquid, N.O.S.		8	UN3244	II													
Refer To Handling Code List																			
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:							
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:			TIME RECEIVED:				
Certification - I declare that the information in PART A is correct and complete.						TELEPHONE / CELLULAR: Required						IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.							
NAME OF AUTHORIZED PERSON (PRINT) Required			SIGNATURE Required			24HR EMERGENCY NO: Required													
COMMENTS																			
												Certification - I declare that the information contained in PART C is correct and complete.							
												NAME OF AUTHORIZED PERSON (PRINT):							
												TELEPHONE:							
												SIGNATURE:							

Contaminated Soil (Crude/Condensate)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)													
COMPANY NAME: Caltex Energy Inc.				OPERATOR/BA CODE (GENERATOR): OTM9				COMPANY NAME:				CITY:		PROV:			
ADDRESS: 200, 717 – 7 Avenue SW				ADDRESS:				ADDRESS:				POSTAL CODE:					
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:		UNIT NO:		TELEPHONE:		FAX:					
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																	
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)													
				COMPANY NAME:				CITY:		PROV:							
CITY:				PROV:		ADDRESS:				POSTAL CODE:							
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:								OPERATOR CODE/BA CODE:					
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
SOILCO	D	Solids Containing Flammable Liquid, N.O.S.	4.1	UN3175	II												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:					
DATE SHIPPED: Required				TIME SHIPPED: Required				DATE RECEIVED:				TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.					
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required				24HR EMERGENCY NO: Required									
COMMENTS																	
												Certification - I declare that the information contained in PART C is correct and complete.					
												NAME OF AUTHORIZED PERSON (PRINT):					
												TELEPHONE:					
												SIGNATURE:					

Contaminated Soil (Refined Oils/Fuel)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)													
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:						CITY:			PROV:		
ADDRESS: 200, 717 – 7 Avenue SW						ADDRESS:						POSTAL CODE:					
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:			UNIT NO:			TELEPHONE:		FAX:			
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location						Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.											
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																	
INTENDED RECEIVER: Insert Receiver						C) RECEIVER (CONSIGNEE)											
CITY:						COMPANY NAME:						CITY:			PROV:		
RECEIVING SITE LOCATION:						ADDRESS:						POSTAL CODE:					
RECEIVING SITE LOCATION:						RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:					
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
SOILRO	D	Solids Containing Flammable Liquid, N.O.S.	4.1	UN3175	II												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:					
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:			TIME RECEIVED:		
Certification - I declare that the information in PART A is correct and complete.									TELEPHONE / CELLULAR: Required			IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.					
NAME OF AUTHORIZED PERSON (PRINT): Required			SIGNATURE: Required			24HR EMERGENCY NO: Required											
COMMENTS																	
												Certification - I declare that the information contained in PART C is correct and complete.					
												NAME OF AUTHORIZED PERSON (PRINT):					
												TELEPHONE:					
												SIGNATURE:					

Crude Oil Emulsion



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)													
COMPANY NAME: Caltex Energy Inc.		OPERATOR/BA CODE (GENERATOR): OTM9		COMPANY NAME:		CITY: PROV:											
ADDRESS: 200, 717 – 7 Avenue SW				ADDRESS: POSTAL CODE:													
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3			DATE: UNIT NO: TELEPHONE: FAX:											
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																	
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)													
CITY: PROV:				COMPANY NAME:		CITY: PROV:											
RECEIVING SITE LOCATION:				ADDRESS: POSTAL CODE:													
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION: OPERATOR CODE/BA CODE:													
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	PACKAGING CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
COEMUL	D	Flammable Liquid, N.O.S.	3	UN1993	I												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:					
DATE SHIPPED: Required				TIME SHIPPED: Required				DATE RECEIVED:				TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.					
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required				24HR EMERGENCY NO: Required									
COMMENTS																	
Certification - I declare that the information contained in PART C is correct and complete.																	
NAME OF AUTHORIZED PERSON (PRINT):																	
TELEPHONE:																	
SIGNATURE:																	

Desicant



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)					B) TRANSPORTER (CARRIER)														
COMPANY NAME: Caltex Energy Inc.				OPERATOR/BA CODE (GENERATOR): OTM9	COMPANY NAME:						CITY:			PROV:					
ADDRESS: 200, 717 – 7 Avenue SW					ADDRESS:						POSTAL CODE:								
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3		DATE:			UNIT NO:		TELEPHONE:		FAX:							
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location					Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.														
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																			
INTENDED RECEIVER: Insert Receiver					C) RECEIVER (CONSIGNEE)						COMPANY NAME:			CITY:			PROV:		
CITY:					PROV:	ADDRESS:						POSTAL CODE:							
RECEIVING SITE LOCATION:					RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:								
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW		CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON	
DESICT	D	Flammable Solid, Organic, N.O.S.		4.1	UN1325	II													
Refer To Handling Code List																			
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:							
DATE SHIPPED: Required					TIME SHIPPED: Required					DATE RECEIVED:			TIME RECEIVED:						
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.							
NAME OF AUTHORIZED PERSON (PRINT): Required					SIGNATURE: Required			24HR EMERGENCY NO: Required											
COMMENTS																			
												Certification - I declare that the information contained in PART C is correct and complete.							
												NAME OF AUTHORIZED PERSON (PRINT):							
												TELEPHONE:							
SIGNATURE:																			

Drilling Sump Materials (Hydrocarbon)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)					B) TRANSPORTER (CARRIER)												
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9		COMPANY NAME:					CITY:		PROV:					
ADDRESS: 200, 717 – 7 Avenue SW					ADDRESS:					POSTAL CODE:							
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3		DATE:			UNIT NO:		TELEPHONE:		FAX:					
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location					Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.												
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																	
INTENDED RECEIVER: Insert Receiver					C) RECEIVER (CONSIGNEE)												
					COMPANY NAME:					CITY:		PROV:					
CITY:					ADDRESS:					POSTAL CODE:							
RECEIVING SITE LOCATION:					RECEIVING SITE LOCATION:					OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
SUMPIN	D	Solids Containing Flammable Liquid, N.O.S.	4.1	UN3175	II												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:					
DATE SHIPPED: Required					TIME SHIPPED: Required					DATE RECEIVED:				TIME RECEIVED:			
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.					
NAME OF AUTHORIZED PERSON (PRINT): Required			SIGNATURE: Required					24HR EMERGENCY NO: Required									
COMMENTS																	
Certification - I declare that the information contained in PART C is correct and complete.																	
NAME OF AUTHORIZED PERSON (PRINT):																	
TELEPHONE:																	
SIGNATURE:																	

Filters (Fuel Gas)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)																			
COMPANY NAME: Caltex Energy Inc.				OPERATOR/BA CODE (GENERATOR): OTM9				CITY:				PROV:											
ADDRESS: 200, 717 – 7 Avenue SW				ADDRESS:				POSTAL CODE:															
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:		UNIT NO:		TELEPHONE:		FAX:											
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.				NAME (PRINT):				SIGNATURE:											
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number								C) RECEIVER (CONSIGNEE)				COMPANY NAME:				CITY: PROV:							
INTENDED RECEIVER: Insert Receiver				ADDRESS:				POSTAL CODE:															
CITY: PROV:				RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:				OPERATOR CODE/BA CODE:											
RECEIVING SITE LOCATION:																							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON						
FILOTH	D	Diesel, Fuel, Fuel Oil, Gas Oil, Heating Oil Light	3	UN1202	III																		
Refer To Handling Code List																							
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:											
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED: TIME RECEIVED:											
Certification - I declare that the information in PART A is correct and complete.												TELEPHONE / CELLULAR: Required						IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.					
NAME OF AUTHORIZED PERSON (PRINT): Required						SIGNATURE: Required						24HR EMERGENCY NO: Required											
COMMENTS																							
Certification - I declare that the information contained in PART C is correct and complete.																							
NAME OF AUTHORIZED PERSON (PRINT):																							
TELEPHONE:																							
SIGNATURE:																							

Filters (Glycol)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)															
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:				CITY:		PROV:							
ADDRESS: 200, 683 - 10 St. SW				ADDRESS:								POSTAL CODE:							
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:		UNIT NO:		TELEPHONE:		FAX:							
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.															
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number				NAME (PRINT):						SIGNATURE:									
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)															
				COMPANY NAME:				CITY:		PROV:									
CITY:				PROV:		ADDRESS:								POSTAL CODE:					
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:								OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW		CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON	
FILGLY	D	Flammable Solid, Organic, N.O.S.		4.1	UN1325	II													
Refer To Handling Code List																			
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:							
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:		TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.						TELEPHONE / CELLULAR: Required		IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.											
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required		24HR EMERGENCY NO: Required													
COMMENTS																			
												Certification - I declare that the information contained in PART C is correct and complete.							
												NAME OF AUTHORIZED PERSON (PRINT):							
												TELEPHONE:							
												SIGNATURE:							

Filters (Lube Oil, UNDRAINED)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)																	
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:				CITY:		PROV:									
ADDRESS: 200, 717 – 7 Avenue SW						ADDRESS:						POSTAL CODE:									
CITY: Calgary			PROV: AB		POSTAL CODE: T2P 5G3			DATE:		UNIT NO:		TELEPHONE:		FAX:							
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location						Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.															
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number						NAME (PRINT):						SIGNATURE:									
INTENDED RECEIVER: Insert Receiver						C) RECEIVER (CONSIGNEE)															
						COMPANY NAME:				CITY:		PROV:									
CITY:						ADDRESS:						POSTAL CODE:									
RECEIVING SITE LOCATION:						RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:									
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW			CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON		
FILLUB	D	Solids Containing Flammable Liquid OR Environmentally Hazardous Substance, Solid			4.1 9	UN3175 UN3077	II III														
Refer To Handling Code List																					
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:									
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:		TIME RECEIVED:							
Certification - I declare that the information in PART A is correct and complete.									TELEPHONE / CELLULAR: Required			IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.									
NAME OF AUTHORIZED PERSON (PRINT): Required			SIGNATURE: Required			24HR EMERGENCY NO: Required															
COMMENTS																					
												Certification - I declare that the information contained in PART C is correct and complete.									
												NAME OF AUTHORIZED PERSON (PRINT):									
												TELEPHONE:									
												SIGNATURE:									

Filters (Other, Mix)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)															
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:						CITY:			PROV:				
ADDRESS: 200, 717 – 7 Avenue SW						ADDRESS:						POSTAL CODE:							
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:			UNIT NO:			TELEPHONE:		FAX:					
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location						Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																			
INTENDED RECEIVER: Insert Receiver						C) RECEIVER (CONSIGNEE)													
CITY:						COMPANY NAME:						CITY:			PROV:				
RECEIVING SITE LOCATION:						ADDRESS:						POSTAL CODE:							
RECEIVING SITE LOCATION:						RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW		CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON	
FILOTH	D	Flammable Solid, Organic, N.O.S.		4.1	UN1325	II													
Refer To Handling Code List																			
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:							
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:			TIME RECEIVED:				
Certification - I declare that the information in PART A is correct and complete.									TELEPHONE / CELLULAR: Required			IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.							
NAME OF AUTHORIZED PERSON (PRINT): Required			SIGNATURE: Required			24HR EMERGENCY NO: Required													
COMMENTS																			
												Certification - I declare that the information contained in PART C is correct and complete.							
												NAME OF AUTHORIZED PERSON (PRINT):							
												TELEPHONE:							
												SIGNATURE:							

Filters (Gas Sweetening, Amine, Sulphinol)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)													
COMPANY NAME: Caltex Energy Inc.		OPERATOR/BA CODE (GENERATOR): OTM9		COMPANY NAME:		CITY: PROV:											
ADDRESS: 200, 717 – 7 Avenue SW				ADDRESS: POSTAL CODE:													
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3	DATE:		UNIT NO:	TELEPHONE: FAX:										
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																	
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)													
CITY: PROV:				COMPANY NAME:		CITY: PROV:											
RECEIVING SITE LOCATION:				ADDRESS: POSTAL CODE:													
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION: OPERATOR CODE/BA CODE:													
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
FILSWT	D	Flammable Solid, Organic, N.O.S.	4.1	UN1325	II												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:					
DATE SHIPPED: Required				TIME SHIPPED: Require				DATE RECEIVED:		TIME RECEIVED:							
Certification - I declare that the information in PART A is correct and complete.										TELEPHONE / CELLULAR: Required		IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.					
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required				24HR EMERGENCY NO: Required									
COMMENTS																	
												Certification - I declare that the information contained in PART C is correct and complete.					
NAME OF AUTHORIZED PERSON (PRINT):																	
TELEPHONE:																	
SIGNATURE:																	

Frac Sand (Non Radioactive)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)															
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:				CITY:		PROV:							
ADDRESS: 200, 717 – 7 Avenue SW						ADDRESS:				POSTAL CODE:									
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:		UNIT NO:		TELEPHONE:		FAX:							
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location						Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																			
INTENDED RECEIVER: Insert Receiver						C) RECEIVER (CONSIGNEE)													
CITY:			PROV:			COMPANY NAME:				CITY:		PROV:							
RECEIVING SITE LOCATION:						ADDRESS:				POSTAL CODE:									
RECEIVING SITE LOCATION:						RECEIVING SITE LOCATION:				OPERATOR CODE/BA CODE:									
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW		CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON	
FRCSND	D	Flammable Solid, Organic, N.O.S.		4.1	UN1325	II													
Refer To Handling Code List																			
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:							
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:		TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.							
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required				24HR EMERGENCY NO: Required											
COMMENTS																			
												Certification - I declare that the information contained in PART C is correct and complete.							
												NAME OF AUTHORIZED PERSON (PRINT):							
												TELEPHONE:							
												SIGNATURE:							

Glycol Solutions (Heavy Metals)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)													
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:				CITY:		PROV:					
ADDRESS: 200, 717 – 7 Avenue SW						ADDRESS:						POSTAL CODE:					
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:		UNIT NO:		TELEPHONE:		FAX:					
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location						Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.											
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number						NAME (PRINT):						SIGNATURE:					
INTENDED RECEIVER: Insert Receiver						C) RECEIVER (CONSIGNEE)											
						COMPANY NAME:				CITY:		PROV:					
CITY:						ADDRESS:						POSTAL CODE:					
RECEIVING SITE LOCATION:						RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:					
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
GLYCHM	D	Flammable Liquid, N.O.S. OR Environmentally Hazardous Substance, Liquid	3 9	UN1993 UN3082	I III												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:					
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED: _____ TIME RECEIVED: _____					
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.					
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required				24HR EMERGENCY NO: Required									
COMMENTS																	
												Certification - I declare that the information contained in PART C is correct and complete.					
NAME OF AUTHORIZED PERSON (PRINT):																	
TELEPHONE:																	
SIGNATURE:																	

Hydraulic Oil



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)													
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9	COMPANY NAME:						CITY:			PROV:				
ADDRESS: 200, 717 – 7 Avenue SW				ADDRESS:						POSTAL CODE:							
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3	DATE:			UNIT NO:		TELEPHONE:		FAX:						
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number				NAME (PRINT):						SIGNATURE:							
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)													
				COMPANY NAME:						CITY:			PROV:				
CITY:				PROV:			ADDRESS:						POSTAL CODE:				
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
HYDOIL	D	Petroleum Crude Oil OR Environmentally Hazardous Substance, Liquid	3 9	UN1267 UN3082	I III												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:					
DATE SHIPPED: Required				TIME SHIPPED: Require				DATE RECEIVED:				TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.					
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required				24HR EMERGENCY NO: Required									
COMMENTS																	
												Certification - I declare that the information contained in PART C is correct and complete.					
												NAME OF AUTHORIZED PERSON (PRINT):					
												TELEPHONE:					
												SIGNATURE:					

Lube Oils



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)													
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9	COMPANY NAME:						CITY:			PROV:				
ADDRESS: 200, 717 – 7 Avenue SW				ADDRESS:						POSTAL CODE:							
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3	DATE:			UNIT NO:		TELEPHONE:		FAX:						
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																	
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)													
CITY:				COMPANY NAME:				CITY:				PROV:					
RECEIVING SITE LOCATION:				ADDRESS:				POSTAL CODE:									
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:				OPERATOR CODE/BA CODE:									
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
LUBOIL	D	Flammable Liquid, N.O.S. OR Environmentally Hazardous Substance, Liquid	3 9	UN1993 UN3082	I III												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:					
DATE SHIPPED: Required				TIME SHIPPED: Required				DATE RECEIVED:				TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.					
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required				24HR EMERGENCY NO: Required									
COMMENTS																	
												Certification - I declare that the information contained in PART C is correct and complete.					
												NAME OF AUTHORIZED PERSON (PRINT):					
												TELEPHONE:					
												SIGNATURE:					

Oily Rags



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)																
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:				CITY:		PROV:								
ADDRESS: 200, 717 - 7 Avenue SW				ADDRESS:								POSTAL CODE:								
CITY: Calgary		PROV:		POSTAL CODE: T2P 5G3		DATE:			UNIT NO:		TELEPHONE:		FAX:							
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.																
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																				
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)																
				COMPANY NAME:				CITY:		PROV:										
CITY:				PROV:		ADDRESS:								POSTAL CODE:						
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:								OPERATOR CODE/BA CODE:								
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW		CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON		
OILRAG	D	Solids Containing Flammable Liquid, N.O.S.		4.1	UN3175	II														
Refer To Handling Code List																				
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:								
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:		TIME RECEIVED:						
Certification - I declare that the information in PART A is correct and complete.						TELEPHONE / CELLULAR: Required			IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.											
NAME OF AUTHORIZED PERSON (PRINT): Required			SIGNATURE: Required			24HR EMERGENCY NO: Required														
COMMENTS																				
												Certification - I declare that the information contained in PART C is correct and complete.								
NAME OF AUTHORIZED PERSON (PRINT):																				
TELEPHONE:																				
SIGNATURE:																				

Methanol



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)																
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:						CITY:			PROV:					
ADDRESS: 200, 717 – 7 Avenue SW						ADDRESS:						POSTAL CODE:								
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:			UNIT NO:			TELEPHONE:		FAX:						
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location						Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.														
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																				
INTENDED RECEIVER: Insert Receiver						C) RECEIVER (CONSIGNEE)														
CITY:						COMPANY NAME:						CITY:			PROV:					
RECEIVING SITE LOCATION:						ADDRESS:						POSTAL CODE:								
RECEIVING SITE LOCATION:						RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:								
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW		CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON		
METHNL	D	Methanol		3 (6.1)	UN1230	II														
Refer To Handling Code List																				
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:								
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:			TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete. NAME OF AUTHORIZED PERSON (PRINT): Required									TELEPHONE / CELLULAR: Required			IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.								
SIGNATURE: Required									24HR EMERGENCY NO: Required											
COMMENTS																				
												Certification - I declare that the information contained in PART C is correct and complete.								
												NAME OF AUTHORIZED PERSON (PRINT):								
												TELEPHONE:								
												SIGNATURE:								

Paint (Wet Paint - Flammable)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)															
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:				CITY:		PROV:							
ADDRESS: 200, 717 – 7 Avenue SW						ADDRESS:				POSTAL CODE:									
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:		UNIT NO:		TELEPHONE:		FAX:							
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location						Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																			
INTENDED RECEIVER: Insert Receiver						C) RECEIVER (CONSIGNEE)													
CITY:						PROV:		ADDRESS:				POSTAL CODE:							
RECEIVING SITE LOCATION:						RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON		
WPAINT	D	Paint or Paint Related Material	3	UN1263	I or II														
Refer To Handling Code List																			
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:							
DATE SHIPPED: Required				TIME SHIPPED: Required				DATE RECEIVED:				TIME RECEIVED:							
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.							
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required				24HR EMERGENCY NO: Required											
COMMENTS																			
												Certification - I declare that the information contained in PART C is correct and complete.							
												NAME OF AUTHORIZED PERSON (PRINT):							
												TELEPHONE:							
												SIGNATURE:							

Paint (Wet Paint – Corrosive)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)													
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9	COMPANY NAME:						CITY:			PROV:				
ADDRESS: 200, 717 – 7 Avenue SW				ADDRESS:						POSTAL CODE:							
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3		DATE:			UNIT NO:		TELEPHONE:		FAX:					
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																	
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)													
CITY:				COMPANY NAME:				CITY:			PROV:						
RECEIVING SITE LOCATION:				ADDRESS:						POSTAL CODE:							
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
WPAINT	D	Paint or Paint Related Material	8	UN3066	II												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:					
DATE SHIPPED: Required				TIME SHIPPED: Required				DATE RECEIVED:				TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.					
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required				24HR EMERGENCY NO: Required									
COMMENTS																	
												Certification - I declare that the information contained in PART C is correct and complete.					
												NAME OF AUTHORIZED PERSON (PRINT):					
												TELEPHONE:					
												SIGNATURE:					

Pigging Waste (Liquid and Wax)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)															
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9	COMPANY NAME:						CITY:			PROV:						
ADDRESS: 200, 717 – 7 Avenue SW				ADDRESS:								POSTAL CODE:							
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3	DATE:			UNIT NO:		TELEPHONE:		FAX:								
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.															
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number				NAME (PRINT):						SIGNATURE:									
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)															
				COMPANY NAME:						CITY:			PROV:						
CITY:				PROV:	ADDRESS:								POSTAL CODE:						
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:								OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW		CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON	
PIGWST	D	Flammable Solid, Organic, N.O.S.		4.1	UN1325	II													
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:							
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:			TIME RECEIVED:				
Certification - I declare that the information in PART A is correct and complete.						TELEPHONE / CELLULAR: Required			IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.										
NAME OF AUTHORIZED PERSON (PRINT): Required			SIGNATURE: Required			24HR EMERGENCY NO: Required													
COMMENTS																			
												Certification - I declare that the information contained in PART C is correct and complete.							
												NAME OF AUTHORIZED PERSON (PRINT):							
												TELEPHONE:							
												SIGNATURE:							

Produced Sand



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)															
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:				CITY:		PROV:							
ADDRESS: 200, 717 – 7 Avenue SW						ADDRESS:				POSTAL CODE:									
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:		UNIT NO:		TELEPHONE:		FAX:							
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location						Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																			
INTENDED RECEIVER: Insert Receiver						C) RECEIVER (CONSIGNEE)													
CITY:						COMPANY NAME:		CITY:		PROV:									
RECEIVING SITE LOCATION:						ADDRESS:				POSTAL CODE:									
RECEIVING SITE LOCATION:						RECEIVING SITE LOCATION:				OPERATOR CODE/BA CODE:									
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON		
SAND	D	Solids Containing Flammable Liquid, N.O.S.	4.1	UN3175	II														
Refer To Handling Code List																			
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:							
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:		TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.							
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required				24HR EMERGENCY NO: Required											
COMMENTS																			
												Certification - I declare that the information contained in PART C is correct and complete.							
												NAME OF AUTHORIZED PERSON (PRINT):							
												TELEPHONE:							
												SIGNATURE:							

Sludge (Crude Oil, Tank Bottoms)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)													
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9	COMPANY NAME:						CITY:		PROV:					
ADDRESS: 200, 717 – 7 Avenue SW				ADDRESS:						POSTAL CODE:							
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3	DATE:			UNIT NO:		TELEPHONE:		FAX:						
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number				NAME (PRINT):						SIGNATURE:							
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)													
				COMPANY NAME:						CITY:		PROV:					
CITY:				PROV:	ADDRESS:						POSTAL CODE:						
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:							
WASTE CODE	(DOW) or (NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
SLGHYD	D	Solids Containing Flammable Liquid, N.O.S.	4.1	UN3175	II												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:					
DATE SHIPPED: Required				TIME SHIPPED: Required				DATE RECEIVED:				TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.					
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required				24HR EMERGENCY NO: Required									
COMMENTS																	
												Certification - I declare that the information contained in PART C is correct and complete.					
NAME OF AUTHORIZED PERSON (PRINT):																	
TELEPHONE:																	
SIGNATURE:																	

Sludge (Glycol)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)					B) TRANSPORTER (CARRIER)												
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9		COMPANY NAME:					CITY:		PROV:					
ADDRESS: 200, 717 – 7 Avenue SW					ADDRESS:					POSTAL CODE:							
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3		DATE:			UNIT NO:		TELEPHONE:		FAX:					
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location					Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.												
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																	
INTENDED RECEIVER: Insert Receiver					C) RECEIVER (CONSIGNEE)												
					COMPANY NAME:					CITY:		PROV:					
CITY:					ADDRESS:					POSTAL CODE:							
RECEIVING SITE LOCATION:					RECEIVING SITE LOCATION:					OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
SLGGLY	D	Solids Containing Flammable Liquid, N.O.S.	4.1	UN3175	II												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:											IF HANDLING CODE "02" OR "21" SPECIFY:						
DATE SHIPPED: Required					TIME SHIPPED: Required					DATE RECEIVED:				TIME RECEIVED:			
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.					
NAME OF AUTHORIZED PERSON (PRINT): Required			SIGNATURE: Required					24HR EMERGENCY NO: Required									
COMMENTS																	
Certification - I declare that the information contained in PART C is correct and complete.																	
NAME OF AUTHORIZED PERSON (PRINT):																	
TELEPHONE:																	
SIGNATURE:																	

Sludge (Flare Pit)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)															
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:				CITY:		PROV:							
ADDRESS: 200, 717 – 7 Avenue SW						ADDRESS:						POSTAL CODE:							
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:		UNIT NO:		TELEPHONE:		FAX:							
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location						Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number						NAME (PRINT):				SIGNATURE:									
INTENDED RECEIVER: Insert Receiver						C) RECEIVER (CONSIGNEE)													
						COMPANY NAME:				CITY:		PROV:							
CITY:						PROV:		ADDRESS:						POSTAL CODE:					
RECEIVING SITE LOCATION:						RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW		CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON	
SLGPIT	D	Solids Containing Flammable Liquid, N.O.S.		4.1	UN3175	II													
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:							
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:		TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.						TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.									
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required		24HR EMERGENCY NO: Required													
COMMENTS																			
												Certification - I declare that the information contained in PART C is correct and complete.							
												NAME OF AUTHORIZED PERSON (PRINT):							
												TELEPHONE:							
												SIGNATURE:							

Spill Material (Hydrocarbon)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)																	
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:				CITY:		PROV:									
ADDRESS: 200, 717 – 7 Avenue SW						ADDRESS:						POSTAL CODE:									
CITY: Calgary			PROV: AB		POSTAL CODE: T2P 5G3			DATE:		UNIT NO:		TELEPHONE:		FAX:							
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location						Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.															
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number						NAME (PRINT):				SIGNATURE:											
INTENDED RECEIVER: Insert Receiver						C) RECEIVER (CONSIGNEE)															
						COMPANY NAME:				CITY:		PROV:									
CITY:						PROV:		ADDRESS:						POSTAL CODE:							
RECEIVING SITE LOCATION:						RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:									
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW			CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON		
SOILCO	D	Solids Containing Flammable Liquid, N.O.S.			4.1	UN3175	II														
Refer To Handling Code List																					
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:									
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:		TIME RECEIVED:							
Certification - I declare that the information in PART A is correct and complete.									TELEPHONE / CELLULAR: Required			IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.									
NAME OF AUTHORIZED PERSON (PRINT): Required						SIGNATURE: Required			24HR EMERGENCY NO: Required												
COMMENTS																					
												Certification - I declare that the information contained in PART C is correct and complete.									
												NAME OF AUTHORIZED PERSON (PRINT):									
												TELEPHONE:									
												SIGNATURE:									

Spill Material (Refined Oil/Fuel)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)					B) TRANSPORTER (CARRIER)												
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9		COMPANY NAME:					CITY:		PROV:					
ADDRESS: 200, 717 – 7 Avenue SW					ADDRESS:					POSTAL CODE:							
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3		DATE:			UNIT NO:		TELEPHONE:		FAX:					
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location					Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.												
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																	
INTENDED RECEIVER: Insert Receiver					C) RECEIVER (CONSIGNEE)												
CITY:					COMPANY NAME:					CITY:		PROV:					
PROV:					ADDRESS:					POSTAL CODE:							
RECEIVING SITE LOCATION:					RECEIVING SITE LOCATION:					OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
SOILRO	D	Solids Containing Flammable Liquid, N.O.S.	4.1	UN3175	II												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:					
DATE SHIPPED: Required					TIME SHIPPED: Required					DATE RECEIVED:				TIME RECEIVED:			
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.					
NAME OF AUTHORIZED PERSON (PRINT): Required			SIGNATURE: Required					24HR EMERGENCY NO: Required									
COMMENTS																	
												Certification - I declare that the information contained in PART C is correct and complete.					
NAME OF AUTHORIZED PERSON (PRINT):																	
TELEPHONE:																	
SIGNATURE:																	

Sweetening Agents (Liquids, amine)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)													
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9	COMPANY NAME:						CITY:			PROV:				
ADDRESS: 200, 717 – 7 Avenue SW				ADDRESS:						POSTAL CODE:							
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3	DATE:			UNIT NO:		TELEPHONE:		FAX:						
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number				NAME (PRINT):						SIGNATURE:							
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)													
				COMPANY NAME:						CITY:			PROV:				
CITY:				PROV:	ADDRESS:						POSTAL CODE:						
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
SWTLIQ	D	Methylamine, Aquesous Solution	3 (8)	UN1235	II												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:					
DATE SHIPPED: Required				TIME SHIPPED: Required				DATE RECEIVED:				TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.					
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required				24HR EMERGENCY NO: Required									
COMMENTS																	
												Certification - I declare that the information contained in PART C is correct and complete.					
NAME OF AUTHORIZED PERSON (PRINT):																	
TELEPHONE:																	
SIGNATURE:																	

Sweetening Agents (Solids)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)													
COMPANY NAME: Caltex Energy Inc.				OPERATOR/BA CODE (GENERATOR): OTM9				COMPANY NAME:				CITY:		PROV:			
ADDRESS: 200, 717 – 7 Avenue SW				ADDRESS:				ADDRESS:				POSTAL CODE:					
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:		UNIT NO:		TELEPHONE:		FAX:					
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																	
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)													
CITY:				PROV:				ADDRESS:				POSTAL CODE:					
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:								OPERATOR CODE/BA CODE:					
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
SWTSOL	D	Corrosive Solid, Flammable, N.O.S.	8 (4.1)	UN2921	I												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:					
DATE SHIPPED: Required				TIME SHIPPED: Required				DATE RECEIVED:				TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.					
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required				24HR EMERGENCY NO: Required									
COMMENTS																	
												Certification - I declare that the information contained in PART C is correct and complete.					
												NAME OF AUTHORIZED PERSON (PRINT):					
												TELEPHONE:					
												SIGNATURE:					

Wash Fluids (Hydrocarbons)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)															
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:						CITY:			PROV:				
ADDRESS: 200, 717 – 7 Avenue SW						ADDRESS:						POSTAL CODE:							
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:			UNIT NO:			TELEPHONE:		FAX:					
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location						Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																			
INTENDED RECEIVER: Insert Receiver						C) RECEIVER (CONSIGNEE)													
CITY:						COMPANY NAME:						CITY:			PROV:				
RECEIVING SITE LOCATION:						ADDRESS:						POSTAL CODE:							
RECEIVING SITE LOCATION:						RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW		CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON	
WSHWTR	D	Flammable Liquid, N.O.S.		3	UN1993	I													
Refer To Handling Code List																			
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:							
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:			TIME RECEIVED:				
Certification - I declare that the information in PART A is correct and complete.									TELEPHONE / CELLULAR: Required			IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.							
NAME OF AUTHORIZED PERSON (PRINT): Required			SIGNATURE: Required			24HR EMERGENCY NO: Required													
COMMENTS																			
												Certification - I declare that the information contained in PART C is correct and complete.							
												NAME OF AUTHORIZED PERSON (PRINT):							
												TELEPHONE:							
												SIGNATURE:							

Wash Fluids (Acid)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)															
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9	COMPANY NAME:								CITY:				PROV:			
ADDRESS: 200, 717 – 7 Avenue SW				ADDRESS:								POSTAL CODE:							
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3	DATE:				UNIT NO:		TELEPHONE:		FAX:							
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.															
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																			
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)															
CITY:				COMPANY NAME:								CITY:				PROV:			
RECEIVING SITE LOCATION:				ADDRESS:								POSTAL CODE:							
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:								OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON		
WSHWTR	D	Corrosive Liquid, N.O.S.	8	UN1760	I														
Refer To Handling Code List																			
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:							
DATE SHIPPED: Required				TIME SHIPPED: Required				DATE RECEIVED:				TIME RECEIVED:							
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.							
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required				24HR EMERGENCY NO: Required											
COMMENTS																			
												Certification - I declare that the information contained in PART C is correct and complete.							
NAME OF AUTHORIZED PERSON (PRINT):																			
TELEPHONE:																			
SIGNATURE:																			

Well Workover Fluids (Acid Solutions)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)					B) TRANSPORTER (CARRIER)																
COMPANY NAME: Caltex Energy Inc.					OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:				CITY:		PROV:							
ADDRESS: 200, 717 – 7 Avenue SW								ADDRESS:				POSTAL CODE:									
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3			DATE:				UNIT NO:		TELEPHONE:		FAX:						
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location					Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.																
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number					NAME (PRINT):						SIGNATURE:										
INTENDED RECEIVER: Insert Receiver					C) RECEIVER (CONSIGNEE)																
					COMPANY NAME:				CITY:		PROV:										
CITY:					PROV:			ADDRESS:				POSTAL CODE:									
RECEIVING SITE LOCATION:					RECEIVING SITE LOCATION:				OPERATOR CODE/BA CODE:												
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW			CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON		
WWOFLD	D	Corrosive Liquid, N.O.S.			8	UN1760	I														
Refer To Handling Code List																					
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:									
DATE SHIPPED: Required					TIME SHIPPED: Required					DATE RECEIVED:		TIME RECEIVED:									
Certification - I declare that the information in PART A is correct and complete.					TELEPHONE / CELLULAR: Required			IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.													
NAME OF AUTHORIZED PERSON (PRINT) Required					SIGNATURE Required			24HR EMERGENCY NO: Required													
COMMENTS																					
												Certification - I declare that the information contained in PART C is correct and complete.									
												NAME OF AUTHORIZED PERSON (PRINT):									
												TELEPHONE:									
												SIGNATURE:									

Well Workover Fluids (Hydrocarbon/Distillate)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)															
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:				CITY:		PROV:							
ADDRESS: 200, 717 – 7 Avenue SW				ADDRESS:								POSTAL CODE:							
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:		UNIT NO:		TELEPHONE:		FAX:							
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.															
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number				NAME (PRINT):						SIGNATURE:									
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)															
				COMPANY NAME:				CITY:		PROV:									
CITY:				PROV:		ADDRESS:								POSTAL CODE:					
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:								OPERATOR CODE/BA CODE:							
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW		CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON	
WWOFLD	D	Petroleum Crude Oil		3	UN1267	I													
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:							
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:		TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.						TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.									
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required				24HR EMERGENCY NO: Required											
COMMENTS																			
												Certification - I declare that the information contained in PART C is correct and complete.							
												NAME OF AUTHORIZED PERSON (PRINT):							
												TELEPHONE:							
												SIGNATURE:							

Aerosols (Empty)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)					B) TRANSPORTER (CARRIER)														
COMPANY NAME: Caltex Energy Inc.					OPERATOR/BA CODE (GENERATOR): OTM9					COMPANY NAME:					CITY:		PROV:		
ADDRESS: 200, 717 – 7 Avenue SW					ADDRESS:					ADDRESS:					POSTAL CODE:				
CITY: Calgary					PROV: AB		POSTAL CODE: T2P 5G3			DATE:			UNIT NO:		TELEPHONE:		FAX:		
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location					Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.														
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number					NAME (PRINT):					SIGNATURE:									
INTENDED RECEIVER: Insert Receiver					C) RECEIVER (CONSIGNEE)														
					COMPANY NAME:					CITY:					PROV:				
CITY:					PROV:					ADDRESS:					POSTAL CODE:				
RECEIVING SITE LOCATION:					RECEIVING SITE LOCATION:					OPERATOR CODE/BA CODE:									
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON		
EMTCON	N	None	N/A	N/A	N/A														
Refer To Handling Code List																			
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:							
DATE SHIPPED: Required					TIME SHIPPED: Required					DATE RECEIVED:					TIME RECEIVED:				
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required			IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.								
NAME OF AUTHORIZED PERSON (PRINT): Required					SIGNATURE: Required			24HR EMERGENCY NO: Required											
COMMENTS																			
												Certification - I declare that the information contained in PART C is correct and complete.							
NAME OF AUTHORIZED PERSON (PRINT):																			
TELEPHONE:																			
SIGNATURE:																			

Batteries (Dry Cell)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)																
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:						CITY:		PROV:						
ADDRESS: 200, 717 - 7 Avenue SW						ADDRESS:						POSTAL CODE:								
CITY: Calgary			PROV: AB		POSTAL CODE: T2P 5G3			DATE:			UNIT NO:		TELEPHONE:		FAX:					
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location						Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.														
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																				
INTENDED RECEIVER: Insert Receiver						C) RECEIVER (CONSIGNEE)														
						COMPANY NAME:						CITY:		PROV:						
CITY:						ADDRESS:						POSTAL CODE:								
RECEIVING SITE LOCATION:						RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:								
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW			CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON	
BATT	N	None			N/A	N/A	N/A													
Refer To Handling Code List																				
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:								
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:		TIME RECEIVED:						
Certification - I declare that the information in PART A is correct and complete.									TELEPHONE / CELLULAR: Required			IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.								
NAME OF AUTHORIZED PERSON (PRINT): Required			SIGNATURE: Required			24HR EMERGENCY NO: Required														
COMMENTS																				
												Certification - I declare that the information contained in PART C is correct and complete.								
NAME OF AUTHORIZED PERSON (PRINT):																				
TELEPHONE:																				
SIGNATURE:																				

Boiler Blow Down Water



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)																											
COMPANY NAME: Caltex Energy Inc.				OPERATOR/BA CODE (GENERATOR): OTM9				COMPANY NAME:				CITY:				PROV:															
ADDRESS: 200, 717 – 7 Avenue SW				CITY: Calgary				PROV: AB				POSTAL CODE: T2P 5G3				DATE:				UNIT NO:				TELEPHONE:				FAX:			
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.																											
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number				NAME (PRINT):												SIGNATURE:															
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)																											
CITY:				PROV:				ADDRESS:				CITY:				PROV:															
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:												OPERATOR CODE/BA CODE:															
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON														
BLBDWT	N	None	N/A	N/A	N/A																										
Refer To Handling Code List																															
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:																			
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:						TIME RECEIVED:													
Certification - I declare that the information in PART A is correct and complete.												TELEPHONE / CELLULAR: Required						IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.													
NAME OF AUTHORIZED PERSON (PRINT): Required						SIGNATURE: Required						24HR EMERGENCY NO: Required																			
COMMENTS																															
												Certification - I declare that the information contained in PART C is correct and complete.																			
NAME OF AUTHORIZED PERSON (PRINT):																															
TELEPHONE:																															
SIGNATURE:																															

Contaminated Soil (Produced Water)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)					B) TRANSPORTER (CARRIER)																				
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9		COMPANY NAME:					CITY:			PROV:												
ADDRESS: 200, 717 – 7 Avenue SW					ADDRESS:					POSTAL CODE:															
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3		DATE:			UNIT NO:		TELEPHONE:			FAX:												
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location					Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.																				
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																									
INTENDED RECEIVER: Insert Receiver					C) RECEIVER (CONSIGNEE)																				
CITY:					COMPANY NAME:					CITY:			PROV:												
RECEIVING SITE LOCATION:					ADDRESS:					POSTAL CODE:															
RECEIVING SITE LOCATION:					RECEIVING SITE LOCATION:					OPERATOR CODE/BA CODE:															
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW			CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON						
SOILPW	N	None			N/A	N/A	N/A																		
Refer To Handling Code List																									
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:													
DATE SHIPPED: Required					TIME SHIPPED: Required					DATE RECEIVED:			TIME RECEIVED:												
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required			IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.														
NAME OF AUTHORIZED PERSON (PRINT): Required					SIGNATURE: Required			24HR EMERGENCY NO: Required																	
COMMENTS																									
															Certification - I declare that the information contained in PART C is correct and complete.					NAME OF AUTHORIZED PERSON (PRINT):					
																				TELEPHONE:					
															SIGNATURE:										

Domestic Garbage



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)					B) TRANSPORTER (CARRIER)															
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9		COMPANY NAME:						CITY:			PROV:						
ADDRESS: 200, 717 – 7 Avenue SW					ADDRESS:						POSTAL CODE:									
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3		DATE:			UNIT NO:		TELEPHONE:		FAX:								
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location					Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.															
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number					NAME (PRINT):						SIGNATURE:									
INTENDED RECEIVER: Insert Receiver					C) RECEIVER (CONSIGNEE)															
					COMPANY NAME:						CITY:			PROV:						
CITY:					PROV:	ADDRESS:						POSTAL CODE:								
RECEIVING SITE LOCATION:					RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:									
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW			CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON	
DOMWST	N	None			N/A	N/A	N/A													
Refer To Handling Code List																				
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:								
DATE SHIPPED: Required					TIME SHIPPED: Required					DATE RECEIVED:			TIME RECEIVED:							
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.								
NAME OF AUTHORIZED PERSON (PRINT): Required					SIGNATURE: Required			24HR EMERGENCY NO: Required												
COMMENTS																				
												Certification - I declare that the information contained in PART C is correct and complete.								
												NAME OF AUTHORIZED PERSON (PRINT):								
												TELEPHONE:								
												SIGNATURE:								

Drums / Barrels



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)					B) TRANSPORTER (CARRIER)																
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9		COMPANY NAME:					CITY:		PROV:									
ADDRESS: 200, 717 – 7 Avenue SW					ADDRESS:					POSTAL CODE:											
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3			DATE:			UNIT NO:		TELEPHONE:		FAX:							
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location					Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.																
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																					
INTENDED RECEIVER: Insert Receiver					C) RECEIVER (CONSIGNEE)																
					COMPANY NAME:					CITY:		PROV:									
CITY:					PROV:		ADDRESS:					POSTAL CODE:									
RECEIVING SITE LOCATION:					RECEIVING SITE LOCATION:					OPERATOR CODE/BA CODE:											
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW			CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON		
EMTCON	N	None			N/A	N/A	N/A														
Refer To Handling Code List																					
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:									
DATE SHIPPED: Required					TIME SHIPPED: Required					DATE RECEIVED:		TIME RECEIVED:									
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required		IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.											
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required				24HR EMERGENCY NO: Required													
COMMENTS																					
												Certification - I declare that the information contained in PART C is correct and complete.									
												NAME OF AUTHORIZED PERSON (PRINT):									
												TELEPHONE:									
												SIGNATURE:									

Drilling Sump Materials (Gel Chem)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)					B) TRANSPORTER (CARRIER)																
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9		COMPANY NAME:					CITY:		PROV:									
ADDRESS: 200, 717 – 7 Avenue SW					ADDRESS:					POSTAL CODE:											
CITY: Calgary		PROV: AB	POSTAL CODE: T2P 5G3		DATE:			UNIT NO:		TELEPHONE:		FAX:									
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location					Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.																
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																					
INTENDED RECEIVER: Insert Receiver					C) RECEIVER (CONSIGNEE)																
					COMPANY NAME:					CITY:		PROV:									
CITY:					PROV:	ADDRESS:					POSTAL CODE:										
RECEIVING SITE LOCATION:					RECEIVING SITE LOCATION:					OPERATOR CODE/BA CODE:											
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW			CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON		
SUMPGL	N	None			N/A	N/A	N/A														
Refer To Handling Code List																					
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:									
DATE SHIPPED: Required					TIME SHIPPED: Required					DATE RECEIVED:		TIME RECEIVED:									
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required		IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.											
NAME OF AUTHORIZED PERSON (PRINT): Required			SIGNATURE: Required					24HR EMERGENCY NO: Required													
COMMENTS																					
												Certification - I declare that the information contained in PART C is correct and complete.									
												NAME OF AUTHORIZED PERSON (PRINT):									
												TELEPHONE:									
												SIGNATURE:									

Drilling Sump Materials (KCI)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)																	
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:				CITY:		PROV:									
ADDRESS: 200, 717 – 7 Avenue SW						ADDRESS:						POSTAL CODE:									
CITY: Calgary			PROV: AB		POSTAL CODE: T2P 5G3			DATE:		UNIT NO:		TELEPHONE:		FAX:							
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location						Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.															
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																					
INTENDED RECEIVER: Insert Receiver						C) RECEIVER (CONSIGNEE)															
						COMPANY NAME:				CITY:		PROV:									
CITY:						PROV:		ADDRESS:						POSTAL CODE:							
RECEIVING SITE LOCATION:						RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:									
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW			CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON		
SUMPKC	N	None			N/A	N/A	N/A														
Refer To Handling Code List																					
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:									
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:		TIME RECEIVED:							
Certification - I declare that the information in PART A is correct and complete.									TELEPHONE / CELLULAR: Required			IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.									
NAME OF AUTHORIZED PERSON (PRINT): Required			SIGNATURE: Required			24HR EMERGENCY NO: Required															
COMMENTS												Certification - I declare that the information contained in PART C is correct and complete.									
												NAME OF AUTHORIZED PERSON (PRINT):									
												TELEPHONE:									
												SIGNATURE:									

Metal (Scrap)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)													
COMPANY NAME: Caltex Energy Inc.				OPERATOR/BA CODE (GENERATOR): OTM9				COMPANY NAME:				CITY:		PROV:			
ADDRESS: 200, 717 – 7 Avenue SW				ADDRESS:				ADDRESS:				POSTAL CODE:					
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:		UNIT NO:		TELEPHONE:		FAX:					
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number				NAME (PRINT):				SIGNATURE:									
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)													
CITY:				PROV:				ADDRESS:				POSTAL CODE:					
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:				OPERATOR CODE/BA CODE:									
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
SMETAL	N	None	N/A	N/A	N/A												
Refer To Handling Code																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:											IF HANDLING CODE "02" OR "21" SPECIFY:						
DATE SHIPPED: Required				TIME SHIPPED: Required				DATE RECEIVED:				TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR: Required				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.					
NAME OF AUTHORIZED PERSON (PRINT): Required				SIGNATURE: Required				24HR EMERGENCY NO: Required									
COMMENTS																	
												Certification - I declare that the information contained in PART C is correct and complete.					
NAME OF AUTHORIZED PERSON (PRINT):																	
TELEPHONE:																	
SIGNATURE:																	

Paint (Brushes and Cans)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)													
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:				CITY:		PROV:					
ADDRESS: 200, 717 – 7 Avenue SW				ADDRESS:								POSTAL CODE:					
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:		UNIT NO:		TELEPHONE:		FAX:					
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number				NAME (PRINT):						SIGNATURE:							
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)													
				COMPANY NAME:				CITY:		PROV:							
CITY:				PROV:		ADDRESS:								POSTAL CODE:			
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:								OPERATOR CODE/BA CODE:					
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
WPAINT	N	None	N/A	N/A	N/A												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:											IF HANDLING CODE "02" OR "21" SPECIFY:						
DATE SHIPPED: Required				TIME SHIPPED: Required				DATE RECEIVED:				TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.						TELEPHONE / CELLULAR: Required		IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.									
NAME OF AUTHORIZED PERSON (PRINT): Required			SIGNATURE: Required			24HR EMERGENCY NO: Required											
COMMENTS																	
												Certification - I declare that the information contained in PART C is correct and complete.					
												NAME OF AUTHORIZED PERSON (PRINT):					
												TELEPHONE:					
												SIGNATURE:					

Pipe Dope Containers (Lead and non-Lead)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)													
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:				CITY:		PROV:					
ADDRESS: 200, 717 – 7 Avenue SW				ADDRESS:								POSTAL CODE:					
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:		UNIT NO:		TELEPHONE:		FAX:					
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number				NAME (PRINT):						SIGNATURE:							
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)													
				COMPANY NAME:				CITY:		PROV:							
CITY:				PROV:		ADDRESS:								POSTAL CODE:			
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:								OPERATOR CODE/BA CODE:					
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
EMTCON	N	None	N/A	N/A	N/A												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:					
DATE SHIPPED: Required				TIME SHIPPED: Required				DATE RECEIVED:				TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.						TELEPHONE / CELLULAR: Required		IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.									
NAME OF AUTHORIZED PERSON (PRINT): Required			SIGNATURE: Required			24HR EMERGENCY NO: Required											
COMMENTS																	
												Certification - I declare that the information contained in PART C is correct and complete.					
												NAME OF AUTHORIZED PERSON (PRINT):					
												TELEPHONE:					
												SIGNATURE:					

Waste Water (Wash Water)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)													
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:				CITY:		PROV:					
ADDRESS: 200, 717 – 7 Avenue SW				ADDRESS:								POSTAL CODE:					
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:		UNIT NO:		TELEPHONE:		FAX:					
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.													
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number				NAME (PRINT):						SIGNATURE:							
INTENDED RECEIVER: Insert Receiver				C) RECEIVER (CONSIGNEE)													
				COMPANY NAME:				CITY:		PROV:							
CITY:				PROV:		ADDRESS:								POSTAL CODE:			
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:								OPERATOR CODE/BA CODE:					
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
WSHWTR	N	None	N/A	N/A	N/A												
Refer To Handling Code List																	
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:					
DATE SHIPPED: Required				TIME SHIPPED: Required				DATE RECEIVED:				TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.						TELEPHONE / CELLULAR: Required		IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.									
NAME OF AUTHORIZED PERSON (PRINT): Required			SIGNATURE: Required			24HR EMERGENCY NO: Required											
COMMENTS																	
												Certification - I declare that the information contained in PART C is correct and complete.					
												NAME OF AUTHORIZED PERSON (PRINT):					
												TELEPHONE:					
												SIGNATURE:					

Spill Material (Produced Water)



Alberta Oilfield Waste Form

Form No. **874251**

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)																
COMPANY NAME: Caltex Energy Inc.			OPERATOR/BA CODE (GENERATOR): OTM9			COMPANY NAME:						CITY:			PROV:					
ADDRESS: 200, 717 – 7 Avenue SW						ADDRESS:						POSTAL CODE:								
CITY: Calgary		PROV: AB		POSTAL CODE: T2P 5G3		DATE:			UNIT NO:			TELEPHONE:			FAX:					
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location						Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.														
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Type and Licence Number																				
INTENDED RECEIVER: Insert Receiver						C) RECEIVER (CONSIGNEE)														
CITY:						COMPANY NAME:						CITY:			PROV:					
RECEIVING SITE LOCATION:						ADDRESS:						POSTAL CODE:								
RECEIVING SITE LOCATION:						RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:								
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW			CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON	
SOILPW	N	None			N/A	N/A	N/A													
Refer To Handling Code List																				
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "02" OR "21" SPECIFY:								
DATE SHIPPED: Required						TIME SHIPPED: Required						DATE RECEIVED:			TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.									TELEPHONE / CELLULAR: Required			IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.								
NAME OF AUTHORIZED PERSON (PRINT): Required			SIGNATURE: Required			24HR EMERGENCY NO: Required														
COMMENTS																				
												Certification - I declare that the information contained in PART C is correct and complete.								
												NAME OF AUTHORIZED PERSON (PRINT):								
												TELEPHONE:								
												SIGNATURE:								