



Environment Accounts and Statistics Division

# Waste Management Industry Survey: Business Sector, 2000

Confidential when completed

Collected under authority of Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.

*Français au verso*

### Please complete

Legal Name

Operating Name

C/O

Street Address

City

Province/Territory

Postal Code



### Please read before completing

#### Purpose of the Survey

This survey collects information that will help Canadians understand the contributions made by the waste management industry to Canada's economy and environment. The results will assist businesses in the industry as well as public policy makers to make sound decisions based on data that apply specifically to the waste management industry. Statistics Canada is also conducting a survey of government sector waste management for 2000. Together these surveys will provide a comprehensive picture of waste management in Canada.

#### Confidentiality

Statistics Canada is prohibited by law from publishing any statistics which would divulge information obtained from this survey that relates to any identifiable respondent, without their previous written consent. The data reported will be treated in strict confidence and used for statistical purposes only. The confidentiality provisions of the Statistics Act are not affected by either the Access to Information Act or any other legislation.

#### Authority

This survey is conducted under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19. **Completion of this questionnaire is a legal requirement under the Statistics Act.**

#### Inquiries

If you require assistance in completing this questionnaire or if you have any questions or comments regarding this survey, please contact:

**Operations and Integration Division  
Statistics Canada  
Ottawa, Ontario K1A 0T6**

Telephone (toll-free): **1-888-659-8229**  
Fax: **1-800-755-5514**  
Email: **enviro.oid.waste@statcan.ca**

In all correspondence concerning this questionnaire, please quote the identification number that appears on the address label.

**IMPORTANT:** If your response for an item is zero, please write "0" in the corresponding box rather than leaving the cell blank.  
Where a response in dollars is requested, please answer in Canadian Dollars.

**Please return this questionnaire within 30 days of receipt**  
If you are unable to do so, kindly inform Operations and Integration Division of the expected completion date.

#### Statistics Canada use only

Rec.	Ed.	Kyd.	Bat.	Coll.	FSC
D   M   Y	D   M   Y	D   M   Y			

4-2300-4: 2001-02-14 STC/NAD-291-04165

**SECTION 1**

**Business Type**

**1.1 This questionnaire should be completed for your company's operation in one province/territory only.** If you operate in more than one province/territory, you should fill out a separate report for the other provinces/territories in which you operate. You may wish to photocopy this questionnaire or you may call us toll-free at 1-888-659-8229 to request additional questionnaires.

Province/territory for which this report applies

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101

**1.2 Did this company operate in more than one province/territory in 2000?**

102  Yes ➤ Go to Question 1.3

103  No ➤ Go to Question 1.4

**1.3 Please indicate the other provinces/territories in which you operate and for which you will be returning reports.**

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**1.4 Please indicate which of the following waste management activities this company provides in the province/territory indicated above.**

*Check (X) all that apply.*

105  Non-hazardous waste collection services, residential

106  Non-hazardous waste collection services, non-residential

107  Hazardous waste collection services

108  Non-hazardous recyclable material collection services, residential

109  Non-hazardous recyclable material collection services, non-residential

110  Non-hazardous waste transfer facility services

111  Hazardous waste transfer facility services

112  Non-hazardous recyclable material recovery and preparation services (MRFs and composting facilities)

113  Hazardous waste treatment services

114  Non-hazardous waste disposal facility services

115  Hazardous waste disposal facility services

116  Sewage treatment and containment

117  Other (please specify) 118

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**Reporting Period**

**1.5 Financial information should be reported for this company's most recent fiscal year ending at any time between April 1, 2000 and March 31, 2001.**

**Specify fiscal year** Start: <sup>119</sup>

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End: <sup>120</sup>

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## SECTION 2

### Collection and Preparation of Waste and Recyclables (including compostables and composting)

2.1 In 2000, did this company collect and/or transport waste for disposal?

<sup>201</sup>  Yes ➤ Go to Question 2.2

<sup>202</sup>  No ➤ Go to Question 2.4

2.2 Report the percentage of this company's *revenue* from waste collection activities earned from the following:

From residential collection

<sup>203</sup>	%
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From non-residential (IC&I) collection

<sup>204</sup>	%
----------------	---

From other collection activities (e.g., private individuals or community associations), please specify :

<sup>207</sup>

<sup>205</sup>	%
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(Total should equal 100%)

<sup>206</sup>	%
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2.3 Indicate the *sources* of the waste collected by your company.  
(Please see Guide for information)

Percentage

Residential

<sup>208</sup>	%
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Non-residential (IC&I)

<sup>209</sup>	%
----------------	---

Construction and Demolition

<sup>210</sup>	%
----------------	---

(Total should equal 100%)

<sup>211</sup>	%
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2.4 In 2000, did this company collect recyclable or compostable materials?

<sup>212</sup>  Yes ➤ Go to Question 2.5

<sup>213</sup>  No ➤ Go to Question 2.7

2.5 Report the percentage of this company's *revenue* from recyclable material (including compostables) collection activities earned from the following:

From residential collection

<sup>214</sup>	%
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From non-residential (IC&I) collection

<sup>215</sup>	%
----------------	---

From other collection activities (e.g., private individuals or community associations), please specify :

<sup>218</sup>

<sup>216</sup>	%
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(Total should equal 100%)

<sup>217</sup>	%
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## SECTION 2 - Concluded

### Collection and Preparation of Waste and Recyclables (including compostables and composting) - concluded

**2.6** Indicate the *sources* of the recyclable and compostable materials collected by your company.  
(Please see Guide for information)

	Percentage
Residential	219 %
Non-residential (IC&I)	220 %
Construction and Demolition	221 %
<i>(Total should equal 100%)</i>	222 %

**2.7** In 2000, did your company operate a facility (municipally or privately owned) that processed compostable materials or prepared materials for recycling ? (e.g. MRFs and central composting facilities).

223  Yes ➤ Go to Question 2.8

224  No ➤ Go to Section 3

**2.8** If yes, please complete the following.

Name and address of facility	Owner of facility		Sources of materials (percentage) <i>(Please see Guide for information)</i>			
	Your company <i>(check (X) if yes)</i>	Other company or municipality <i>(please specify name)</i>	Residential	Non-residential (IC&I)	Construction and demolition	<i>(totals should equal 100%)</i>
225	226 <input type="radio"/>	227	228 %	229 %	230 %	231 %
232	233 <input type="radio"/>	234	235 %	236 %	237 %	238 %
239	240 <input type="radio"/>	241	242 %	243 %	244 %	245 %

Please list additional facilities in the Comments Section (Section 9).

## SECTION 3

### Waste Diversion

#### 3.1 If your company collected recyclable materials

AND/OR

if your company owned and/or operated a Material Recovery Facility (MRF), please indicate the quantities of materials collected and/or prepared or processed at the facility in 2000. Please exclude compostable materials that were collected or processed but include this information in Question 3.2 below. If your company did not perform these activities, please go to Section 4.

Type of material	Quantity collected and delivered to recycling facility (tonnes)	Quantity prepared or processed at the facility (tonnes)
Newsprint, phone books, magazines	301	314
Corrugated cardboard and boxboard	302	315
Mixed paper fibre	303	316
Glass	304	317
Ferrous metals	305	318
Copper	306	319
Aluminum	307	320
Other non-ferrous metals	308	321
Mixed metals	309	322
Plastic	310	323
Mixed construction and demolition waste	311	324
Other (please specify) : <sup>366</sup>	312	325
<b>Totals</b>	313	326

#### 3.2 Composting

In 2000, did your company own and/or operate a central composting facility?

<sup>327</sup>  Yes ➤ Please complete the following

<sup>328</sup>  No ➤ Go to Section 4

Name and address of facility	Name of owner, if not self	Year opened	Quantity of materials entering the facility (tonnes)	Quantity of compost / peat produced (tonnes)	Aerobic process? (check (X))	Anaerobic process? (digestion) (check (X))
329	330	331	332	333	334 <input type="radio"/>	335 <input type="radio"/>
336	337	338	339	340	341 <input type="radio"/>	342 <input type="radio"/>
343	344	345	346	347	348 <input type="radio"/>	349 <input type="radio"/>
350	351	352	353	354	355 <input type="radio"/>	356 <input type="radio"/>
357	358	359	360	361	362 <input type="radio"/>	363 <input type="radio"/>
<b>Totals</b>			364	365		

Please provide information about any additional facilities at end end of questionnaire in comments area. Thank you.

## SECTION 4

### Disposal Facilities : Quantities and Types of Waste

4.1 Did this company operate a disposal facility for non-hazardous waste (landfill or incinerator) in 2000?

<sup>401</sup>  Yes ➤ Complete Sections 4 and 5

<sup>402</sup>  No ➤ Go to Section 6

4.2 For each disposal facility that you operated in the province/territory in 2000, indicate the name and location (street or highway address), type of facility and the sources and amount of waste disposed of in the facility as measured by weigh scales or by providing your best estimate. (Please see Guide for information and definitions)

Name and address of disposal facility	Owner of this facility if not self	Type of facility (check (X) one only)		Approximate percentage of total waste disposed in facility, by source			Weigh scale present? (check if yes)	Quantity of waste disposed of in the facility in 2000 (tonnes)
		Landfill	Incinerator	Residential	Non-residential (IC&I)	Construction and demolition		
403	404	405	406	407	408	409	410	411
				%	%	%	<input type="radio"/>	
412	413	414	415	416	417	418	419	420
				%	%	%	<input type="radio"/>	
421	422	423	424	425	426	427	428	429
				%	%	%	<input type="radio"/>	
430	431	432	433	434	435	436	437	438
				%	%	%	<input type="radio"/>	
439	440	441	442	443	444	445	446	447
				%	%	%	<input type="radio"/>	
448	449	450	451	452	453	454	455	456
				%	%	%	<input type="radio"/>	
457	458	459	460	461	462	463	464	465
				%	%	%	<input type="radio"/>	
466	467	468	469	470	471	472	473	474
				%	%	%	<input type="radio"/>	
<b>Total waste disposed in facilities</b>								475

## SECTION 5

### Disposal Facilities : Facility Characteristics

5.1 Please complete the following if you answered yes in Section 4.1.

Name of disposal facility	Year opened	Anticipated closure date	Approved capacity (tonnes)	Remaining capacity (tonnes)	Type of liner (check (X))			Is there a leachate capture system in place? (check (X) if yes)
					Clay	Artificial Membrane	Other / Combination	
501	502	503	504	505	506	507	508	509
510	511	512	513	514	515	516	517	518
519	520	521	522	523	524	525	526	527
528	529	530	531	532	533	534	535	536
537	538	539	540	541	542	543	544	545
546	547	548	549	550	551	552	553	554
555	556	557	558	559	560	561	562	563
564	565	566	567	568	569	570	571	572

Please provide information about any additional facilities at the end of questionnaire in Comments Section. Thank you.

5.2 Did your landfill(s) receive bottom ash from solid waste or sewage sludge incineration?

573  Yes ➤

Quantity (tonnes)
575

574  No ➤

Go to Question 5.3

5.3 Did you landfill(s) receive contaminated soil?

576  Yes ➤

Quantity (tonnes)
578

577  No ➤

Go to Section 6

If Yes, was this amount included in your response to question 4.2 ?

579  Yes ➤

Quantity (tonnes)
581

580  No ➤

Go to Section 6

## SECTION 6

### Exports and Imports of Non-hazardous Waste for Disposal, Compostable Materials or Recyclable Materials

**6.1** Did your company transport waste for disposal or materials for recycling or reuse to another province/territory or country in 2000? (Include direct shipments and shipments from transfer stations)

601  Yes ➤ Go to Question 6.2

602  No ➤ Go to Question 6.4

**6.2** Check (X) all that apply and indicate quantities transported.

	Check (X) if yes	Quantity of waste for disposal (tonnes)	Quantity of materials for recycling or composting (tonnes)
Transported to a facility in another province/territory	603	604	605
Transported to a facility in another country	606	607	608
<b>Total waste and recyclable materials exported</b>		609	610

**6.3** Please identify the names and locations of all facilities (outside of the province/territory that you are reporting for) to which the (above) waste for disposal or materials for recycling or reuse were taken.

Waste (check X)	Name of Facility	Owner	Address
611 <input type="radio"/>	612	613	614
615 <input type="radio"/>	616	617	618
619 <input type="radio"/>	620	621	622
623 <input type="radio"/>	624	625	626

Recycling (check X)	Name of Facility	Owner	Address
627 <input type="radio"/>	628	629	630
631 <input type="radio"/>	632	633	634
635 <input type="radio"/>	636	637	638
639 <input type="radio"/>	640	641	642

### Imports of Waste

**6.4** Was waste from outside this province/territory disposed in this company's disposal facilities?

643  Yes ➤ Go to Question 6.5

644  No ➤ Go to Section 7

**6.5** Check (X) all that apply and indicate quantities disposed.

	Check (X) if yes	Quantity of waste imported (tonnes)
Waste from other provinces/territories disposed of in your facilities	645	646
Waste from other countries disposed of in your facility	647	648
<b>Total waste imported</b>		649



## SECTION 7

### Hazardous Waste Treatment and Disposal

**7.1 Did this company operate a facility(ies) to treat, incinerate or landfill (or otherwise contain) hazardous waste in 2000?**

701  Yes ➤ Go to Question 7.2

702  No ➤ Go to Section 8

**7.2 Did this company:**

Own or lease the facility(ies)

703  Yes

704  No

Operate the facility(ies) for another owner ?

705  Yes

706  No

**7.3 If yes, what quantity of hazardous waste did this company treat or dispose of in 2000?**

(tonnes)
707

**7.4 Of the total in Question 7.3, please indicate the percentage of materials treated or disposed, by type.**

Organic solvents, solutions and still bottoms

percentage	
708	%
709	%
710	%
711	%
712	%
713	%
714	%
715	%

Oils and greases, oily mixtures and residues

Heavy metal solutions and residues

Inorganic sludges, solutions and residues

Pesticide and herbicide wastes

PCB wastes

Other (miscellaneous chemicals, paint, biomedical waste, etc.)

**Total should equal 100%**

**7.5 Did your company recover recyclable materials (e.g., mercury, oils, lead, nickel) from these operations?**

716  Yes ➤ Go to Question 7.6

717  No ➤ Go to Section 8

**7.6 If yes, what quantity of recyclable materials did this company recover?**

(tonnes)
718

## SECTION 8

### Financial and Employment Information

#### 8.1 Gross Operating Revenues

Indicate this company's 2000 gross revenues from the provision of each of the following services.

Collection of waste for disposal		801	
		\$	
Collection of materials for recycling or reuse		802	
		\$	
Operation of a waste transfer facility		803	
		\$	
Preparing materials for recycling (e.g., operation of a MRF or composting facility)		804	
		\$	
Operation of a <i>non-hazardous</i> waste disposal facility (e.g., landfill or incinerator) (include disposal fees received)		805	
		\$	
Operation of a <i>hazardous</i> waste treatment, containment, incineration or disposal facility (include disposal fees received)		806	
		\$	
Sewage treatment/containment		807	
		\$	
Other waste management revenues (e.g., consulting, brokerage fees)	Specify: <input type="text" value="812"/>	808	
		\$	
Sale of recovered materials		809	
		\$	
Other non-waste management revenues	Specify: <input type="text" value="813"/>	810	
		\$	
<b>Total revenues from all activities</b>		811	
		<b>\$</b>	

#### 8.2 Gross Operating Expenses

Please report this company's 2000 gross operating expenses.

Wages and salaries		814	
		\$	
Employer contributions to pension, medical and unemployment insurance plans, etc.		815	
		\$	
Fuel and electricity		816	
		\$	
Other materials and supplies		817	
		\$	
Maintenance and repairs		818	
		\$	
Depreciation		819	
		\$	
Fees paid for waste disposal (e.g., tipping fees)		820	
		\$	
Operating licenses and permits		821	
		\$	
Other	Specify: <input type="text" value="824"/>	822	
		\$	
<b>Total operating expenses</b>		823	
		<b>\$</b>	

**SECTION 8 - Concluded**

**Financial and Employment Information - Concluded**

**8.3 Capital Expenditures**

Report this company's 2000 capital expenditures. Include new (non-amortized) and used assets purchased in Canada and all imported assets (new and used).

Vehicles	825	\$
All other machinery and equipment	826	\$
Construction and refurbishing of facilities (excluding residences)	827	\$
Maintenance and repairs of new and used assets	828	\$
Other <i>Specify:</i> <input type="text" value="831"/>	829	\$
<b>Total capital expenditures</b>	830	\$

**8.4 Employment**

Report the usual number of full-time (30 or more hours per week) and part-time (less than 30 hours per week) employees working for this company. Do not include contract employees or sub-contractor's employees.

	Number of employees	
	Full-time	Part-time
<b>Total employees</b>	832	833

## SECTION 9

### Certification

9.1 I certify that the information contained in this report is correct and complete to the best of my knowledge.

Signature



Date

Day

Month

Year

Name of person completing this report

Telephone

Title of person completing this report

Fax

Email Address

9.2 Approximately how long did it take you and other employees in your company to collect the data and complete this survey?

Hours

901

9.3 In the future, would you prefer to receive this survey in an electronic format?

902  Yes

903  No

### Comments

Please provide any comments you may have about this survey (e.g., length, ease of completion, suggestions for future questions, suggestions about the format). Also, please use this space if you wish to provide additional information about your waste management activities.

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If you have any questions, please contact us.

Telephone (toll free) 1-888-659-8229

Fax: 1-800-755-5514

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Please return this questionnaire in the envelope provided

**THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY!**