

**Environment Accounts and Statistics Division** 

# Waste Management Industry Survey: Business Sector, 2004

Confidential when completed

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

Français au verso

Correct as requi Legal name	red
Operating name	
C/O	$\wedge$
Address	
City	
Province/Territory	Postal Code

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# Please read before completing

#### **PURPOSE OF 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 2004. 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

### **HOW TO COMPLETE THIS QUESTIONNAIRE**

Use a black or blue pen

OR Print in a box

**IMPORTANT**:

Please refer to the Guide before answering. 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	/
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Statistics Canada Statistique Canada



Se	ction 1 -	Business type
1.1	This ques	stionnaire should be completed for all your company's Canadian operations for 2004.
	Please lis	st each province/territory in which you provide waste management services, in the space provided.
	104	
1.2	Please in indicated	dicate which of the following waste management activities this company provides in the provinces/territories above.
	Fill in ci	rcle for 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
	<	
		× ·
Re	porting	period

1.3 Financial information should be reported for this company's most recent fiscal year that <u>ended</u> at any time between April 1, 2004 and March 31, 2005.											
Year Month Day	120	Year Mont	h Day								
	End:										
	real Month Day										

ction 2 - Waste Diversion				
In 2004, did your company own and/or operate a ce	ntral com	post	ing facility?	
Yes > Go to Question 2.2	No	>	Go to Question 2.3	
Composting. Please complete the following.			207	
If you are not reporting quantities in tonnes, please spec	cify the un	it of r	measure used.	
			Quantity of materials entering the facility (tonnes)	Material disposed as processing residue Percentage %
			364	371
In 2004, did your company operate a facility (munici (e.g. material recycling facilities (MRFs))	ipally or p	rivat	tely owned) that prepared	materials for recycling?
Yes > Go to Question 2.4	No		Go to Section 3	
Please complete the following.		. 🔷		
If you are not reporting quantities in tonnes, please spec	cify the un	it me	asure used.	
Type of material				Quantity <b>prepared</b> or <b>processed</b> at the facility <i>(tonnes)</i>
	$\searrow$			398
Paper fibre				317
Glass				399
Ferrous and non-ferrous metals (including white goods)  Electronics	<u> </u>			396
Plastics				323
Tires				397
Construction and demolition waste				324
366 Other <i>Please specify</i> :				325
Total				326
Please indicate the approximate percentage of mate	arial rocci	vad :	at your recycling facility	Percentage %
that was disposed as processing residue.	ziiai recel	veu i	at your recycling facility	

<b>5</b> e0	ction 3 - Waste d	iisposai							
3.1	Did this company ow	n or oper	ate a disp	osal facili	ty for non-	hazaı	rdous waste in 200	4?	
	401 Yes ➤ Go	o to Questi	ion 3.2		No	>	Go to Question 3.3	3	
3.2		posed in t and definit	he facility ions)	, and the a	amount of	conta	aminated soil recei	ne type of facility, the so ved at the facility. <i>(Pleas</i>	
		of facility ncinerator only)		imate perce sposed in f source %		dispo	Quantity of waste osed in the facility in 2004	Quantity of contaminated soil received at the facility	If contaminated soil was received at
Na	me of disposal facility	Please indicate type of facility as Landfill (LF) or Incinerator (IN) (fill in one only)	Residential	Non-residential	Construction and demolition		(tonnes)	(If none was received please enter 0) (tonnes)	the facility, was this amount included in the quantity of waste disposed? (Y/N)
103		405	407	408	409	411		483	484
						\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
112		414	416	417	418	420	,	485	486
121		423	425	426	127	429		487	488
	Total waste disposed	$\overline{}$		dditional fa	acilities at	475 the e	nd of the question	naire in the Comments	section.
3.3	Did you collect and/o	or combus	st landfill (	gas (e.g. m	n <b>ethane) a</b> No	t a lar	ndfill owned or ope	erated by your company	?
Ha	zardous waste								
3.4	Did this company op  701  Yes > G			to treat, in	<b>cinerate o</b> No		Ifill (or otherwise c	ontain) hazardous wast	e in 2004?
3.5	If yes, what quantity	of hazard	ous waste	e did this c	ompany t	reat o	r dispose of in 200	)4?	
	If you are not reporting	g quantities	s in tonnes	, please sp	ecify the u	nit of I	measure used.		
								(tonne	ıs)
	Quantity of hazardou	ıs waste t	reated or	disposed					

•				•
Sec	ction 4 - Exports and imp	ports		
4.1	Did this company export and/or composting to/from another pro transfer stations. Please do not	ovince/territory or country in	2004? Include direct shipme	
	Yes > Go to Question	on 4.2 No	Go to Section 5	
4.2	Please complete the following			
	If you are not reporting quantities	in tonnes, please specify the u	nit of measure used.	
		Ex	ports	Imports
		Quantity of waste exported for disposal (tonnes)	Quantity of materials exported for recycling and/or composting (tonnes)	Quantity of waste imported for disposal (tonnes)
	Transported to/from a facility in another province/territory	607	608	651
	Transported to/from a facility in another country	610	614	653
		612	613	654

# Section 5 - Financial and employment information

5.1	Gross Operating Revenues. Indicate this company's 2004 gross revenues (to the nearest dollar) from the provision of
	waste management services. Do not net out expenditures.

Total revenues

Totals

**\$** 

Please indicate the approximate percentage of this company's total revenues reported above that was generated from each province and territory.

	Percentage of revenues %												
NL	PEI	NS	NB	QUE	ONT	MAN	SASK	ALTA	вс	YT	NWT	NVT	
834	835	836	837	838	839	840	841	842	843	844	845	846	

Sec	ction 5 - Concluded		
5.2	Gross Operating Expenditures. Please report this company's 2004 ground dollar).	ss operating expe	nditures (to the nearest
		\$	823
	Total operating expenditures	Ψ	
<b>5</b> 2	Capital Expenditures. Report this company's total capital expenditures	5-2004 Valuda	any novy (non oppositional)
5.3	capital expenditures, new assets purchased in Canada and all importe	d assets (new and	used).
		) >	
			830
	Total capital expenditures	\$	
5.4	Employment. Report the usual number of full-time (30 or more hours p	er week) and part	time less than 30 hours per
•	week) employees werking for this company in 2004. Do not include co employees	ntract employees	or sub-contractor's
		Num	nber of employees
		Full-time	Part-time
		832	833
	Total employees		

Section 6 - Certification	
6.1 I certify that the information contained in this report is correct and co	mplete to the best of my knowledge.
Signature	Date  Year Month Day
Ø.	
Name of person completing this report	Telephone
Title of person completing this report	Fax
Web site address	Email address
6.2 Approximately how long did it take to collect the data and complete th	is survey? Hours
8.3 In the future, would you prefer to receive this survey in an electronic for the survey in	ormat?
Please provide any comments you may have about this survey (e.g., len questions, suggestions about the format). Also, please use this space or provide additional information about your waste management activities.	gth, ease of completion, suggestions for future attach additional documentation if you wish to

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