

F10, Forgeside House, Cardiff Bay Business Centre, Lewis Road, Cardiff, CF24 5 FA

Completion Certificate

Signature: Description of work carried out: REPAIR TO FLAKING ARTEX ON KITCHEN CELLING. PAINTED AREA, ALL EXPOSED ARE UAC'D AND WIFE D POWN. FOLLOWED BY USUAL INSPECTION AND FOUND TO BE SATISFACTORY. Snagging List: A REMWAN ON WALLWAY CELLING NEEDS REPLACING Completion acceptance for client: Name: Name: Name: Name: J. Ramsona.	Client:	4000	ioa H	HA								
Date project No: 2220ASNSR Date project commenced: 11/2/23 Completed: 11/2/23 Completion acceptance for Date: 11/2/23 Completion acceptance for Date: 11/2/23 Completion acceptance for Completion accep	Site address: 7	o P	tuguo A	LE ZOAD, PE	wife CF41	7 TP						
Client contact name: Client contact phone No: Tenant contact name: Tenant contact name: Tenant contact name: Tenant contact name: Tenant contact phone No: Name: Tenant contact phone No: Tenant contact phone No: Name: Tenant contact phone No: Name: Tenant contact phone No: Tenant contact phone No: Tenant contact phone No: Name: Tenant contact phone No: Tenant contact phone No: Nobile: Mobile:	Location on											
Tenant contact phone No: Tenant contact phone No: Tenant contact phone No: Tenant contact phone No: Preliminary inspection for client: Name: Name: Signature: Description of work carried out: REPAIR TO FLAKING ARTEX ON KITCHTON CELLING. PRINTED AREA. ALL EXPOSED ARE UAC'D AND WIFE OR SATISFACTORY. TO BE SATISFACTORY. Snaggling List: ARCHWAN ON WALWAY CELLING NEEDS REPLACING. Completion acceptance for client: Name: Nam	Project No: 22	ZOAS	IISR		11/12/23		11/12/23					
No: No:	A 56 M (56 C) 16 C (56 C) 10 C) 10 C) 10 C) 10 C)			Client contact phone No:		Mobile:						
Completion acceptance for client: Name: Name: Name: Signature: Description of work carried out: REPAIR TO FLAKING ARTEX ON KITCHEN CELUNG. RAINTED AREA. ALL EXPOSED ARE UAC'D AND WIFE OF TO BE SATISFACTORY. Snagging List: Aranyay Celling Needs Replacing Completion acceptance for client: Name: Name						Mobile:						
Signature: Description of work carried out: REPAIR TO FLAKING ARTEX ON KITCHEN CELLING. PAINTED AREA, ALL EXPOSED ARE UAC'D AND WIFE D POWN. FOLLOWED BY USUAL INSPECTION AND FOUND TO BE SATISFACTORY. Snagging List: A REMWAN ON WALLWAY CELLING NEEDS REPLACING Completion acceptance for client: Name: Name: Name: Name: J. Ramsona.		tion for	Date:			Date:	11/12/23					
Signature: Description of work carried out: REPAIR TO FLAKING ARTEX ON KITCHEN CELLING. PAINTED AREA, ALL EXPOSED ARE UAC'D AND WIFE D POWN. FOLLOWED BY USUAL INSPECTION AND FOUND TO BE SATISFACTORY. Snagging List: A REMWAN ON WALLWAY CELLING NEEDS REPLACING Completion acceptance for client: Name: Name: Name: Name: J. Ramsona.		***************************************	Name:			Name:	1 RANDALL					
REPAIR TO FLAKING ARTEX ON KITCHEN CELLING. PAINTED AREA. ALL EXPOSED ARE UAC'D AND WIFE O POWN. FOLLOWED BY USUAL INSPECTION AND FOUND TO BE SATISFACTORY. Snagging List: Archwan on manualy celling needs Replacing Completion acceptance for Date: Completion acceptance for company: Name: N			Signature:			Signature:	2002					
ARCHWAN ON MALLWAY CENING NEEDS REPLACING Completion acceptance for client: Completion acceptance for company: Date:	POWN. FOLLOWED BY UBJAC INSPECTION AND FOUND TO BE SATISFACTORY.											
ARCHWAN ON MALLWAY CENING NEEDS REPLACING Completion acceptance for client: Completion acceptance for company: Date:				Snaggin	g List:	· · · · · · · · · · · · · · · · · · ·						
client: for company: Date: 1/12/23 Name: Name: J@model	ARCHUA	M	0P H			os Re	PUACING					
200		tance for	Date:			Date:	11/12/23					
270			Name:			Name:	J RAGORALL					
Signature: Signature:		-	Signature:			Signature:	SPR					

The Hazardous Waste Regulations 2005: Consignment Note



PRODUCER'S/HOLDER'S/CONSIGNOR'S COPY (Delete as appropriate)

D	ΛĐΊ	TA No	tific:	atio	n dota	ile				No.											
PART A Notification details																					
1 Consignment note code: PHHENV/34704 3 The waste will be taken to (name, address and postcode):																					
2 The waste described below is to be removed from (name, address, Unit 43 Portmanmoor Road, postcode, telephone, e-mail, facsimile):																					
20 August Road 4 The waste producer was (if different from 2) (name, address,																					
P	postcode, telephone, e-mail, facsimile): PHH Environmental Ltd,																				
C	CF41 7TP Lewis Road, Cardiff, CF24 5FA.																				
PART B Description of the waste If continuation sheet used, tick here																					
1 The process giving rise to the waste(s) was: Removal 2 SIC (2007) for the process giving rise to the waste: 3 9 . 0 0 /																					
3 WASTE DETAILS (where more than one waste type is collected all of the information given below must be completed for each EWC identified)																					
De	escri	iption o	f wast	e			t of was				Quantity				ponents in	Physical for		Hazard	Container		
nouder cludge												type, number and size									
-	(%)												mg/kg)	g/kg) or mixed)			02				
-11	51	Cor	TT	S	4	1	70	6	0	5	IOKE	Chryso	tile	3	0%	Solid		H7	3m²		
_	The information given below is to be completed for each EWC identified																				
E	NC.	code			UN ider number		ation	P	rope	r shi	pping name	e(s)	UN cla	UN class(es) Pack				al handling rements			
1	7	0 6	0	5	25	90)	Γ	Wa	ste /	Asbestos (Chrysotile	9)	11			Manual Handling			
P	AR	T C Ca	ırrier	's c	ertifica	ite						1000			PART D	PART D Consignor's certificate					
	(If more than one carrier is used, please attach schedule for subsequent carriers. If schedule of carriers is attached tick here. (1)																				
1	certi	ify that	toda	y col	lected t	he co	onsignn	nen	t an	d tha	t the details	s in A2, A3 an	d B3 are	2*	exempt ar	id was advise	d of the	appropriat	e precautionary		
C	orre	ct and I	have	bee	n advise	d of	any sp	ecif	ic ha	ındliı	ng requirem	ents.		ahar ara	correctly a		r has be		of any special		
"	ner	e this no	ote co	mpri	ses part	ora	multiple	e co	nect	ion ti	round nu	mber and coll	ection nur	nber are	-	equirements. hat I have full		duty to an	ply the waste		
1 Carrier name: 1 Carrier name																					
1	Or	behalf	of (na	ame,	addres				leph	one,	e-mail, facs	simile):			1 Consignor name:						
	Le	IH Enviro wis Road rdiff,		al Ltc	i,										On behalf of (name, address, postcode, telephone, e-mail, facsimile):						
2	CF	24 5FA.	istrat	ion r	no./reas	on fo	or exem	pti	on:	СВ	DU 015 174				PHH Environmental Ltd,						
3	Vo	hicle re	aictra	tion	no. (or r	mode	o of tran	nen	ort i	fnot	road).				Cardiff, CF24 5FA.						
			gistia	1	10. (01)	,	e or trai	ıəp	011, 1	1 1101	ioau).					24					
1 -		ature	J	-	26	-	- Ti-				18 04				Signature	1	2 4	3 T	me 1<00		
LL		te \	_	_	20			me			5 0	tuna is caller	ted all of	ho inforc	Date	115	-				
-		idual EV	-	-	uantity			_	-				EWC code	_	mation given below must be completed for each EWC) Waste management operation (R or D code)						
		(s) rece		L				,	(F)	10	71		accepted								
1	10	266	20					1		15	5		_(T	t)	-	015					
1	l re	eceived	this v	vast	e at the	addr	ress giv	en i	n A3	on:	Date (4125	202	3 Tim	1e 090	DO 11 .	, ,				
2	Ve	hicle re	gistra	tion	no. (or r	node	e of trar	ısp	ort if	not	road):			-	Name:	- H	IL.				
3	14/	here wa	cta ic	roio	cted ple	250	provide	dh	taile						On behalf facsimile)		dress, p	ostcode, te	lephone, e-mail,		
'	441	icie wa	JIC 13	reje	cica pie	use	Piovide	ue	Luii3	•						Moc	RL	MN	D FN		
١.	cert	ify that	wasta	ner	mit/Lva	mpt	wacto o	ne	ratio	ייים ח	mher•				′	- 100		n.AR	NIFF		
I certify that waste permit/exempt waste operation number:																					
authorises the management of the waste described in B at the address																					
given in A3.																					
Where the consignment forms part of a multiple collection, as identified in Part C, I certify that the total number of consignments forming the collection are:											me 090C										