

The Hazardous Waste Regulations 2005: Consignment Note



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

PART A Notification details

- 1 Consignment note code: **PHHEWU/RH520**
- 2 The waste described below is to be removed from (name, address, postcode, telephone, e-mail, facsimile):
70 High Street, Treorchy, CF42 6NY
- 3 The waste will be taken to (name, address and postcode):
Mooreland Environmental LTD, Unit 43, Portmevor Road, Cardiff, CF24 5HB
- 4 The waste producer was (if different from 2) (name, address, postcode, telephone, e-mail, facsimile):
Forgeside House, Lewis Rd, 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: **39.00**
- 3 WASTE DETAILS (where more than one waste type is collected all of the information given below must be completed for each EWC identified)

Description of waste	List of wastes (EWC code) (6 digits)	Quantity (kg)	The chemical/biological components in the waste and their concentrations are:		Physical form (gas, liquid, solid, powder, sludge or mixed)	Hazard code(s)	Container type, number and size
			Component	Concentration (% or mg/kg)			
Textured Coating	170605	10kg	chrysotile	30%	Solid	H7	3m ²

The information given below is to be completed for each EWC identified

EWC code	UN identification number(s)	Proper shipping name(s)	UN class(es)	Packing group(s)	Special handling requirements
170605	2590	Waste Asbestos chrysotile	9	III	Manual handling

PART C Carrier's certificate

(If more than one carrier is used, please attach schedule for subsequent carriers. If schedule of carriers is attached tick here. ☐)

I certify that I today collected the consignment and that the details in A2, A3 and B3 are correct and I have been advised of any specific handling requirements.

Where this note comprises part of a multiple collection the round number and collection number are:

1

1 Carrier name: **Jake Davies**
On behalf of (name, address, postcode, telephone, e-mail, facsimile):
Same as above

2 Carrier registration no./reason for exemption: **CRDU 015 174**

3 Vehicle registration no. (or mode of transport, if not road): **YD19 EAF**

Signature

Date **16022022** Time **1220**

PART D Consignor's certificate

I certify that the information in A, B and C has been completed and is correct, that the carrier is registered or exempt and was advised of the appropriate precautionary measures. All of the waste is packaged and labelled correctly and the carrier has been advised of any special handling requirements.

I confirm that I have fulfilled my duty to apply the waste hierarchy as required by Regulation 12 of the Waste (England and Wales) Regulations 2011.

1 Consignor name: **Jake Davies**
On behalf of (name, address, postcode, telephone, e-mail, facsimile):
Same as above

Signature

Date **16022022** Time **1220**

PART E Consignee's certificate (where more than one waste type is collected all of the information given below must be completed for each EWC)

Individual EWC code(s) received	Quantity of each EWC code received (kg)	EWC code accepted/rejected	Waste management operation (R or D code)
170605	10kg	(A)	D15

1 I received this waste at the address given in A3 on: Date **16022022** Time **1520**

2 Vehicle registration no. (or mode of transport if not road):

3 Where waste is rejected please provide details:

I certify that waste permit/exempt waste operation number:

EPR/AB3132AH

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:

Name: **PHIL**
On behalf of (name, address, postcode, telephone, e-mail, facsimile):
MOORLAND ENV CARDIFF

Signature

Date **16022022** Time **1520**



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

Statement of Cleanliness Completion Certificate

Client: RHA

Site address: 70 High Street, Treorchy, CF42 6UN

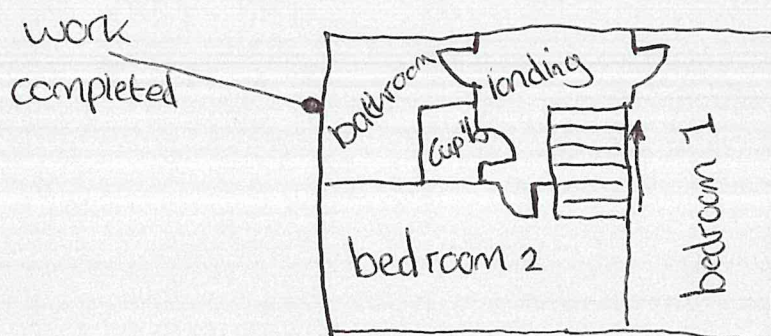
Location on Site: 1st floor bathroom ceiling

Project No: 2220AS1219R Date project commenced: 16/2/22 Date project completed: 16/2/22

Client contact name: Client contact phone No: 07591358919 Mobile:

Preliminary inspection for client:	Date:	16/2/22	Preliminary inspection for company:	Date:	16/2/22
	Name:	Ms. M Price		Name:	J. Davies
	Signature:			Signature:	

Site plan:



Description of work carried out: Scraped back loose artex, plasterboard okay. artexed back onto good board and patched back to best with existing artex.

Completion acceptance for client:	Date:	16/2/22	Completion acceptance for company:	Date:	16/2/22
	Name:	Ms. M Price		Name:	J. Davies
	Signature:			Signature:	