

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

Statement of Cleanliness Completion Certificate

State	illelit o	Clearinicss	Completion	ones sent of months (192)	
Client:	Rt	IA			
Site address:	Holyro	ocd terrace	2 (Llwyny f	2101, Ton	y rendy
ocation on K	eohen	Ceilins			
Project No: 2270 AS	567R.	Date project commenced:	3118/21	Date project completed:	1/9121
Client contact	S A Dowes	Client contact phone No:	01443 422925	Mobile:	0758147929
Preliminary inspection for	Date:	319/21	Preliminary inspection for company:	Date:	01/9/21
chenc.	Name:	Jule Dais		Name:	Some Done
	Signature:	Jane Dais		Signature:	=
		John John John	ST.		
Description of work carri	ied out: Renc	ival and Pisposal	ef Icose tex	tured con	citines
from ceiling corried cut	ers per	ival and Pisposal ricus areas a the eenterol a	nd flur make of us bestos Re	_good.1	All Work _·
Completion acceptance client:	for Date:	01/9/21	Completion acceptance for company:	Date:	01/9/21
9	Name:			Name:	John Don
	Signature:			Signature:	

The Hazardous Waste Regulations 2005: Consignment Note



PART A Notification deta												
1 Consignment note code: PHHGAU / 449RH 3 The waste will be taken to (name, address and postcode):												
2 The waste described below is to be removed from (name, address, postcode, telephone, e-mail, facsimile):									R ROAN			
3 HOCYROOD TERRACE 4 The waste producer was (if different from 2) (name, address, postcode, telephone, e-mail, facsimile): OUTH CHAIR (TO SHIP) OUTH CANDIFICATION (TO SHIP)												
LL WYNPLA,	TON	Y PLANE)Y		pos	tcode,	telephone, e	-mail, facsim	ile):			
CitiO ZHP.	2 100		,								1-2451TA	
PART B Description of the	e waste		AL SE					Control of the Control of the Control			ed, tick here	
1 The process giving rise to the	e waste(s)	was: 🎜	wo	1AL 2	SIC (2007)	for the	process givi	ng rise to the	e waste:	39.	00 /	
3 WASTE DETAILS (where more	than one	waste type is	collected a	ll of the inforr	mation give	en belo	w must be co	ompleted for	each EW	VC identifie	d)	
Description of waste	List of wa	stes e)(6 digits)	Quantity (kg)	The chemic			ponents in	Physical fo		Hazard code(s)	Container type, number	
	(2110 000	c) (o digita)	(1.5)	Componen	NEW AND BELLEVIEW TO BE	Conce	entration	powder, sli or mixed)		code(s)	and size	
TEXTURED	170	605	120	CHRYS	THE		mg/kg)	Soci	D	HT	7:13	
G747176G	0 0	000	1	auti	31100	<i></i>	70			000	3001	
The information given below is	to be com	pleted for eac	ch EWC iden	ıtified								
	tification	Proper ship	oping name	(s)	UN clas	s(es)	Packing g	roup(s)		l handling		
17060525°		WAST	SACEC	nok	76	7	TI	T	require	_	va Libaritin	
1100303	, –	000102	Curyo	-1784/2010		b	علسطه.			emer	in Cerequicing	
PART C Carrier's certifica	te						PART D	Consignor'	s certif	ficate	77-7	
(If more than one carrier is use carriers is attached tick here.	d, please a	ttach schedu	le for subse	equent carrie	rs. If sched	dule of		t the informa				
I certify that I today collected th	, ie consignn	nent and that	t the details	in A2, A3 and	d B3 are	4	exempt an	d was advise	d of the	appropriate	registered or e precautionary	
correct and I have been advised Where this note comprises part of					ction num	her are	correctly a		has bee		of any special	
Timele unit note comprises parte	- u mattipit	concension in	/	inder und conc	ction nam	bei die		equirements. at I have fulf		duty to app	oly the waste	
1 Carrier name: Sake	20	ഡ്ജ						s required by nd Wales) Re			ne Waste	
On behalf of (name, address				mile):				or name:				
		_ 9	7	-			facsimile):	or (name, ad	aress, po	ostcode, tel	ephone, e-mail,	
2 Carrier registration no./reaso	n for exem	ption: C	sou	0151	74	C						
3 Vehicle registration no. (or m	ode of tran	sport, if not i	road):					_	~			
Signature							Signature					
Date 0 209 202			30					209				
PART E Consignee's certif		ere more thar code receive			ed all of th WC code	e inforn		below must b anagement o		Print the Chief of the Chief		
code(s) received	cuen Eve	- code receive	(115)		ccepted/r	ejected		anagement c	peration		ue)	
170605		120	>	(c	recez	pted			\bigcup	15		
1 I received this waste at the a	ddress give	en in A3 on:	Date D	2092	021	Tim	e 07 K	5	-			
2 Vehicle registration no. (or m	ode of tran	sport if not ro	oad):				Name:	Perer	_(Dc	amme!	
3 Where waste is rejected plea	se provide	details:					On behalf of facsimile):	f (name, add	ress, po	stcode, tele	ephone, e-mail,	
							Mo	porla	کمہ	E	カレ	
I certify that waste permit/exem	pt waste o	peration num	ber:					(01			
EUR /ABS (32 AH) Carry												
authorises the management of t given in A3.	he waste d	lescribed in B	at the add	ress			Signature	R		//		
Where the consignment forms po as identified in Part C, I certify th consignments forming the collec	at the total		on,				Date 6	209	MN 202	Tim	ne 0745	



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Statement of cleanliness Completion certificate

Client: RUDINDA HOUSING Site address: 3 HOLY GOD TELLACE TONY PANDY CF40 2HX Location on HALL IN REAL BAUL DOCK Project No: 2220 ASGFL Date project commenced: 29-9-2022 Completed: 29-9-2022 Client contact name: Client contact t: phone No: m: Preliminary inspection for Client: Name: Preliminary inspection for Client: Name: Name: Name: Preliminary inspection for Company: Name: Signature: Signature: Signature: Signature: First Lyn All work carried out in accordance with the HSE Approved code of practice (ACOP) 133 "Work with Materials Containing Asbestos' conjunction with "The Control of Asbestos Regulations 2012." LEMOVED FLAVER ALTER FROM HATTER CONTROL of Asbestos Regulations 2012." LEMOVED FLAVER ALTER FROM HATTER CONTROL ALL WASTE BURGED AND KANNOW AND STIFFED ALBAS WIPED DOWN AND CLEANED, FOLIOUSED BY A VISUAL INS PECTION AND FOLIOUS BE SATISFACTIONAL INS PECTION AND FOLIOUS BE SATISFACTIONAL INS PECTION AND FOLIOUS BE SATISFACTIONAL NAME: PAIL PAIL PAIL INSTITUTE THOM INS PECTION AND FOLIOUS BE SATISFACTIONAL NAME: PAIL PAIL PAIL PAIL PAIL PAIL PAIL PAIL			CANDON A					
Date project No: 2220 AS67R Date project commenced: 29-9-2022 Date project completed: 29-9-2022 Client contact name: Client contact phone No: m: Preliminary inspection for Client: Preliminary inspection for company: Date: Signature: Site plan: All work carried out in accordance with the HSE Approved code of practice (ACOP) LI43 "Work with Materials Containing Asbestos' conjunction with "The Control of Asbestos Regulations 2012." Description of work carried out: Description out: Description out: Description out: Descripti	Client:	Ruon	IDDA HE	pusing				
Site: HALL IN REAL BACK DOOL Project No: 2220 ASGAL Date project commenced: 29-9-2022 Completed: 29-9-2022 Comple	Site address:	3 Hole	12005 TE	PLACE, TONYPAN	10 y CF40 2H)			
Completion acceptance for Date: Date Da		HALL	in real	2 BACK DOOR		1		
Preliminary inspection for client: Preliminary inspection for client: Preliminary inspection for company: Date: 29.9-2022 Name: Name: Signature: Fluit Mattrice Signature: Signature: Fluit Mattrice Signature: Signature: President Signature: Fluit Mattrice Signature: Fluit Mattrice Signature: Signature: Fluit Mattrice Fluit Mattr	Project No:	2220 A	S67R	Date project commenced:	29-9-2022		29-9-2022	
All work carried out in accordance with the HSE Approved code of practice (ACOP) 1.123 "Work with Materials Containing Asbestos" conjunction with "The Control of Asbestos Regulations 2012." Description of work carried out: REMOVED FLAKEY ALTEX STIFFLE FROM (HISTOR BOALD), SEALED SKIMMED AND STIFFLED OVER TO MATCH. ALL WASTE BARGED AND REAVED. ALL EXPOSED AREAS WIPED DOWN AND CHANGED, FOLLOWED BY A VISUAL INSPECTION AND FRUND TO BE SATISFACTION. Completion acceptance for Date: Completion acceptance for Date: Completion acceptance for Completion acceptance for company.		t				e-mail:		
All work carried out in accordance with the HSE Approved code of practice (ACOP) L143 "Work with Materials Containing Asbestos" conjunction with "The Control of Asbestos Regulations 2012." Description of work carried out: LEMOVED FLAKEY ARTEX STIPLE FROM PLUSTED SCHIMMED AND STIPLE PROMITED AND REMOVED. AND STIPLE PROMITED AND REMOVED. ALL EXPOSED ARAS WIPED DOWN AND CLEANED, FOLLOWED BY A VISUAL INS PECTION AND FOUND TO BE SATISFACTORY Completion acceptance for Date: Completion acceptance for Completion acceptance for company.		nspection for	Date:			Date:	29-9-2022	
All work carried out in accordance with the HSE Approved code of practice (ACOP) L143 "Work with Materials Containing Asbestos" conjunction with "The Control of Asbestos Regulations 2012." Description of work carried out: LEMOVED FLAKEY ARTEX STIPLE FROM PLUSTED SCHIMMED AND STIPLE PROMITED AND REMOVED. AND STIPLE PROMITED AND REMOVED. ALL EXPOSED ARAS WIPED DOWN AND CLEANED, FOLLOWED BY A VISUAL INS PECTION AND FOUND TO BE SATISFACTORY Completion acceptance for Date: Completion acceptance for Completion acceptance for company.			Name:			Name:	PHIL PRETEINE	
All work carried out in accordance with the HSE Approved code of practice (ACOP) L143 "Work with Materials Containing Asbestos" conjunction with "The Control of Asbestos Regulations 2012." Description of work carried out: LEMOVED FLAVEY ARTEX STIPLE FROM PLASTED SCHIMMED AND STIPLED OVER TO MATCH. ALL WASTE BUSGED AND REMOVED. AND STIPLED OVER TO MATCH. ALL WASTE BUSGED AND REMOVED. ALL EXPOSED ARAS WIPED DOWN AND CUBANED; FOLLOWED BY A VISUAL INS RECTION AND FOUND TO BE SATISFACTORY. Completion acceptance for Date: Completion acceptance for Date: Completion acceptance for Date:			Signature:			Signature:	Martales	
Completion acceptance for Date: Conjunction with "The Control of Asbestos Regulations 2012." Description of work carried out: ALTEX STIPLE FROM PUSTER BOARD, SEALED, SKIMMED AND STIPLED OVER TO MATCH. ALL WASTE BAGGED AND REMOVED. AND STIPLED OVER TO MATCH. ALL WASTE BAGGED AND REMOVED. ALL EXPOSED AREAS WIPED DOWN AND CUBANED, FOLLOWED BY A VISUAL INSPECTION AND FOUND TO BE SATISFACTORY. Completion acceptance for Date: Completion acceptance for company.	All work sore	ciad out in acc		as of page		uith Matarialo	Containing Achastas" in	
Completion acceptance for Date: Completion acceptance for company: Completion acceptance for company: Date:	All Work Carr	rea out in acco	conju	nction with "The Control of	Asbestos Regulations 201	vitii iviateriais 2."	Containing Asbestos III	
client: pate: for company: Date: 19 - 9 - 9 012		REMOV AND ST ALL EX INSPEC	CO FLAKE COSED ARE JUON AN	Description of wo Y ARTEX STIPPLE F IL TO MATCH. ALL AS WIPED DOWN AN UD FOUND TO BE SI	rk carried out: ROM PLASTERSON WASTE BUGGED & DOWNANGO & POLL ATISPACTORY	ald, seal and Rem owed By	ED SKIMMED OVED. A VISGAL	
Name: PHIL PARTLING		acceptance for	Date:			Date:	29-9-2012	
			Name:			Name:	PHIL PARTRIME	
Signature: Signature: Signature:			Signature:			Signature:	florteden	

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: PHHGNV / 598 CH 3 The waste will be taken to (name, address and postcode):										
MOSALIAND ENVIRONMENTAL LTD										
postcode, telephone, e-mail, facsimile): UNIT 43 PERTMANYMOCK ROAL								R ROSAD		
							lress,			
TONYPLANDY,				PH	H E	NUIRC	NUNG	VTU	ac lit	D
CF40 ZHX.				iei	USI	TOMD,				+51-14.
PART B Description of the waste								TO VICTOR OF THE	100	ed, tick here
1 The process giving rise to the waste(s)	, , ,						ng rise to the			
3 WASTE DETAILS (where more than one										
Description of waste List of wa (EWC cod	7.7	Quantity (kg)		mical/biological components in Physical form Hazard Container (gas, liquid, solid, code(s) type, number						
			Component	t Concentration (% or mg/kg) powder, sludge or mixed) and size					and size	
ExTREDITIVE 1 70	605	ioig	CHRYSE	TILE				3m3		
COULTIVE		-								
The information given below is to be com	pleted for each	EWC iden	tified							
EWC code UN identification number(s)	Proper shipp	oing name	(s)	UN clas	ss(es)	Packing g	roup(s)	,	l handling	
i 70 605 2590	WAST	E ASIS	65:35	9		-11.	T	requirements MANUAL MANUAL		LINC
106000	Gu	4750 1		<u> </u>				6	14410	LING
PART C Carrier's certificate						PART D	Consignor'	s certi	ficate	
(If more than one carrier is used, please a	ttach schedule	e for subse	quent carrier	s. If sche	dule of	,	at the informa			
carriers is attached tick here. () I certify that I today collected the consigni	ment and that t	the details	in A2 A3 and	I B3 are						s registered or e precautionary
correct and I have been advised of any sp	ecific handling	requireme	ents.				All of the wa nd the carrie			d labelled of any special
Where this note comprises part of a multipl	e collection the	round nur	nber and colle	ction num	nber are:		equirements. hat I have fulf		duty to any	aly the waste
1 Carrier name: Q T 3 a	222	/				hierarchy a	as required by and Wales) Re	, Regula	tion 12 of th	
1 Carrier name: 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		mail, facsi	mile):			1 Consign	nor name:	guiation	3011.	aaceee
SCAME AS AS	ca K			1 Consignor name: R. J. BARRETT On behalf of (name, address, postcode, telephone, e-mail, facsimile):						lephone, e-mail,
2 Carrier registration no./reason for exen	nption:	Sixua	31517	4		iacsiiiile):	•			
3 Vehicle registration no. (or mode of tra				Sua	ME i	AS	145	MIG		
Will Frankli	ECZI (5110			ME I	Ko	a Fil	3		
Signature 1017 97900 Date 3 0 0 9 2022 Ti	me i & Z	5.0			,		0098			me 1036
		P ano wasta	tuna is callast	ad all af t	ha infarr					
Individual EWC Quantity of each EW				lected all of the information given below must be completed for each let EWC code Waste management operation (R or D code).						
code(s) received	а	accepted/rejected			0 -	0.5				
(7060)		(A) PU								
1 I received this waste at the address given in A3 on: Date 63 6 2012 Time 6936										
2 Vehicle registration no. (or mode of transport if not road): Name:										
On behalf of (name, address, postcode, telephone, e-mail, facsimile):										
MOONEREM								ew		
I certify that waste permit/exempt waste operation number:								C/-		
CERAB3(3) WH										
authorises the management of the waste described in B at the address given in A3. Signature										
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:						Date	3/10	3 21	02) Tir	me8 940