

BAXTER SUPPLIES LTD

GRAB & TIPPER HIRE

Inert Waste Pre-acceptance Form

Reference No: *

Waste Producer:

Full Company Name:

Contact Name:

Address Line 1:

Telephone Number:

Address Line 2:

Email:

City:

Post Code:

Waste Carrier:

Full Company Name:

Contact Name:

Address Line 1:

Telephone Number:

Address Line 2:

Licence Number:

City:

Email:

Post Code:

Form Completed By:

Waste Producer

Waste Carrier

Units Of Waste:

Loads

Tonnes

Cubic Metres

Estimated Volume Of Waste:

Full Address Of Source Of Waste

Disposal Date:

Post Code:

Process from which waste arises:

Description and/or composition of Waste (as detailed as possible):

EWC Code:

SIC Code:

For Inert Waste - details of existing and / or previous use of site (where known):

Is There An Odour?

Yes

No

If Yes, Please Describe Odour:

Does the waste contain any biodegradable material? e.g. Wood/Paper/Grass, etc:

Yes

No

Don't Know

If Yes, Please describe biodegradable material:

Are chemical analyses available?:

Yes

No

If Yes, Please submit the test data:

Proposed Disposal Site(s):

I confirm that, to the best of my knowledge, the material that I wish to deposit is inert waste, I fully understand that your landfill site is only authorised to accept inert waste and that, if either by visual inspection or by random sampling, the waste covered by this waste information form exceeds the site limits, I will be responsible for all costs involved in removing or treating the offending material.

Declaration by:

- Waste Producer
- Waste Carrier

Signed:

Full Name:

Position:

Date: