

DUTY OF CARE: TRANSFER NOTE FOR CONTROLLED WASTE

THIS IS A LEGAL DOCUMENT. YOU ARE OBLIGED BY LAW TO KEEP YOUR COPY OF THIS DOCUMENT FOR AT LEAST TWO YEARS.



SECTION A - DESCRIPTION OF WASTE TO BE TRANSFERRED BY REFERENCE TO THE EUROPEAN WASTE CATALOGUE

THE WASTE FROM THIS BUSINESS CONTAINS NO WASTE OTHER THAT CLASSIFIED BELOW

- | | |
|--|--|
| <input type="checkbox"/> 20 01 01 PAPER & CARDBOARD (OTHER THAN PACKAGING) | <input type="checkbox"/> 20 01 08 BIODEGRADABLE KITCHEN & CANTEEN WASTE |
| <input type="checkbox"/> 15 01 01 PAPER & CARDBOARD PACKAGING | <input type="checkbox"/> 20 03 01 MIXED MUNICIPAL WASTE (REFUSE) |
| <input type="checkbox"/> 15 01 02 PLASTIC PACKAGING | <input type="checkbox"/> 20 02 01 BIODEGRADABLE WASTE (GREEN) |
| <input type="checkbox"/> 15 01 04 METALLIC PACKAGING | <input type="checkbox"/> 20 01 11 Textiles |
| <input type="checkbox"/> 15 01 07 GLASS PACKAGING | <input type="checkbox"/> 20 01 36 WEEE (small, other than 20 01 21, 23 & 35) |

HOW IS THE WASTE CONTAINED?

- 55L Boxes, Quantity = 90L Woven PP Recycling sacks, Quantity = Other (define)
- Wheeled Bin (Please Specify Size, Waste Stream & Quantity) _____

SECTION B - CURRENT HOLDER OF THE WASTE

1. FULL NAME Owner/Manager (Block Capitals): _____
2. NAME AND ADDRESS OF COMPANY (inc Post Code): _____

3. TICK TO CONFIRM YOU ARE YOU THE PRODUCER OF THE WASTE 4. SIC CODE:

SECTION C - PERSON COLLECTING THE WASTE

1. FULL NAME (BLOCK CAPITALS): **BLAENAU GWENT COUNTY BOROUGH COUNCIL**
2. NAME AND ADDRESS OF ORGANISATION: **BLAENAU GWENT CBC, CIVIC CENTRE, EBBW VALE, GWENT, NP23 6XB**
3. ARE THEY THE WASTE COLLECTION AUTHORITY? **YES**
4. CARRIER REGISTRATION NUMBER: **CBDL 1457**

SECTION D

1. TRANSFER ADDRESS **SILENT VALLEY WASTE SERVICES LTD, TRANSFER STATION, BEECHWOOD HOUSE, CWM, EBBW VALE, NP23 6PZ**
2. DATE OF TRANSFER **BETWEEN: & (12 MONTH ROLLING CONTRACT PERIOD)**

I CAN CONFIRM THAT I HAVE FULFILLED MY DUTY TO APPLY THE WASTE HEIRARCHY AS REQUIRED BY REGULATION 12 OF THE WASTE (ENGLAND & WALES) REGULATIONS 2011.

SIGNED: _____

FULL NAME: _____
(REPRESENTING WASTE HOLDER)

DATE: _____

SIGNED: 

FULL NAME: **MATTHEW STENT**
(TEAM MANAGER - NEIGHBOURHOOD SERVICES)

DATE: _____