

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
Non-hazardous Inorganic
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 9.3
4. EWC Code: 17 01 07 5. SIC Code:
6. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: READING RAILWAY 1. Name: KNOCK BAWN
Duty of care number:
3. Print Name: Logan Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: BUG9 ZUU C/B Licence No.:
Expiry date:
3. Date of Collection: 10-08-21 Time of Collection:
4. Print Name: BARRA Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☐ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: MOUR

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
NON-HAZ NAGROUND
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 2.5m³
4. EWC Code: 17 01 08 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: WENSLEY RD L65 1. Name: KNOCK BAWN Duty of care number:
3. Print Name: Deborah Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: EU65NEV C/B Licence No.:
Expiry date:
3. Date of Collection: 12/05/24 Time of Collection:
4. Print Name: DAVE Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☒ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: WALS

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

- Description of waste being transferred (include full description)
NON-HAZ MADEGOODS
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 8.5M3
- EWC Code: 17 01 07 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: KNOCKBAWN
WENSLEY ROAD
Duty of care number:
- Print Name: Norman Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
KNOCKBAWN
- Registered waste carrier
Vehicle Reg: EV65XED C/B Licence No.:
Expiry date:
- Date of Collection: 10-08-21 Time of Collection:
- Print Name: DAVE Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☐	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/ Transfer Facility: MOWDS

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

- Description of waste being transferred (include full description)
NON-HAZ WASTE GRUND
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 8-5m³
- EWC Code: 17 01 07 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: WENSLEY READING BR16AE 1. Name: KNOCKBAWN
Duty of care number:
- Print Name: Logan Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
KNOCKBAWN
- Registered waste carrier
Vehicle Reg: EUB52EV C/B Licence No.:
Expiry date:
- Date of Collection: 10-08-24 Time of Collection:
- Print Name: DAVE Signed: [Signature]

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☐	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility: MOULDS

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
2. How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc):
4. EWC Code: 5. SIC Code:
6. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: Duty of care number:
3. Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
2. Registered waste carrier
 Vehicle Reg: C/B Licence No.:
 Expiry date:
3. Date of Collection: Time of Collection:
4. Print Name: Signed:

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
 a. Licensed Landfill: ☒ Permit/WML No:
 b. Recycling Facility: ☒ Permit/WML/Exemp No:
 c. Transfer Facility: ☒ Permit/WML No:
 d. Exempt Facility: ☐
2. Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of:
 Date:
2. Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
iron-her
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 8 m³
4. EWC Code: 17 01 02 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: knockbawn
ROARING BRIDGE Duty of care number:
3. Print Name: dogman Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
knockbawn
2. Registered waste carrier
Vehicle Reg: EV65 XEV C/B Licence No.:
Expiry date:
3. Date of Collection: 20-08-24 Time of Collection:
4. Print Name: DAVE Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- a. Licensed Landfill: ☐ Permit/WML No:
- b. Recycling Facility: ☒ Permit/WML/Exemp No:
- c. Transfer Facility: ☐ Permit/WML No:
- d. Exempt Facility: ☐
2. Address of Disposal/Transfer Facility: MOULDS

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
- Date:
2. Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
2. How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc):
4. EWC Code: 5. SIC Code:
6. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name:
- Duty of care number:
3. Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
2. Registered waste carrier
 Vehicle Reg: C/B Licence No.:
- Expiry date:
3. Date of Collection: Time of Collection:
4. Print Name: Signed:

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- a. Licensed Landfill: ☐ Permit/WML No:
- b. Recycling Facility: ☒ Permit/WML/Exemp No:
- c. Transfer Facility: ☐ Permit/WML No:
- d. Exempt Facility: ☐
2. Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
- Date:
2. Signed: Tip Ticket No:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
NON-HAZARDOUS
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 5-6m³
4. EWC Code: 120104 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: READING RG2 6AE 1. Name: KNOCK BAWN
Duty of care number:
3. Print Name: James Signed: E Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: EV65 KEV C/B Licence No.:
Expiry date:
3. Date of Collection: 20-08-21 Time of Collection:
4. Print Name: DAVE Signed:

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|-------------------|
| a. Licensed Landfill: | ☐ | Permit/WML No: | <u> </u> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <u> </u> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <u> </u> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: MOULDS

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
NON HAZ
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 3-5m³
4. EWC Code: 19-1102 5. SIC Code: 38
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: KNOCKBAWN
Duty of care number: REDAONIC RENTAL
3. Print Name: James Signed: [Signature] Date: []

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: FUG5 XEV C/B Licence No.: []
Expiry date: []
3. Date of Collection: 12-08-21 Time of Collection: []
4. Print Name: DAVE Signed: [Signature]

Section D - Waiting Time

1. Time on site: [] Time off site: []
2. Waiting time total: []
3. Print Name: [] Signed: []

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|------------|
| a. Licensed Landfill: | ☐ | Permit/WML No: | <u>[]</u> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <u>[]</u> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <u>[]</u> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: MOWLES

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: [] on behalf of: []
Date: []
2. Signed: [] Tip Ticket No.: []

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
NON-HAZ 3200000
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 86m³
4. EWC Code: B0104 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: Reading Reigate 1. Name: KNOCK BAWN
Duty of care number:
3. Print Name: Logan Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
Knockbawn
2. Registered waste carrier
Vehicle Reg: ED05 AEV C/B Licence No.:
Expiry date:
3. Date of Collection: 19-08-21 Time of Collection:
4. Print Name: DBUE Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☐ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: Woods

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
 NON-HAZARDOUS
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 8.5m³
- EWC Code: 150102 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: KNOCK BAWN
 REDDING RESTATE
 Duty of care number:
- Print Name: J. Gorman Signed: L Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
 KNOCK BAWN
- Registered waste carrier
 Vehicle Reg: EU65 XEV C/B Licence No.:
- Date of Collection: 19-08-21 Expiry date:
- Print Name: DAVE Time of Collection:
- Signed: L

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☐	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility: KNOCK BAWN

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of:
- Signed: Date:
- Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EWC Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name:
 Duty of care number:
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.:
 Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☐	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of:
 Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
Non-hal Blood A
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 25 m³
4. EWC Code: 12 01 02 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: Knockbawn
Reading Road Duty of care number:
Print Name: Dagmar Signed: S Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
Knockbawn
2. Registered waste carrier
Vehicle Reg: BUG5XEV C/B Licence No.:
Expiry date:
3. Date of Collection: 18-08-21 Time of Collection:
4. Print Name: DAVE Signed: L

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☐ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: House

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
Non hazardous Inedignous Black
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 8.5m³
4. EWC Code: 17 01 07 5. SIC Code:
6. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: Knockbawn
Reeling Route Duty of care number:
3. Print Name: Logan Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
Knockbawn
2. Registered waste carrier
Vehicle Reg: EUG5AEV C/B Licence No.:
Expiry date:
3. Date of Collection: 18-08-21 Time of Collection:
4. Print Name: DAVE Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☒ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: Melville

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
NON-HAZ MAO Ground
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 8.5m³
4. EWC Code: 10 01 02 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: KNOCKBAWN
- Reading Road Duty of care number:
3. Print Name: J. Gomer Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: EU65XEV C/B Licence No.:
Expiry date:
3. Date of Collection: 18-09-21 Time of Collection:
4. Print Name: DAVE Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☒ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: MOWLES

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.

Print Name: on behalf of:
Date:
Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
NON-HAZ
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 8005
4. EWC Code: 19 01 02 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: KNOCKBAWN
Duty of care number:
3. Print Name: Rebecca Pembury Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: BUG5 NEV C/B Licence No.:
Expiry date:
3. Date of Collection: 14/09/21 Time of Collection:
4. Print Name: DAVE Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☐ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: MARLOS

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
NON-HAZ MADEGROUND
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 8 TMS
4. EWC Code: 19 01 07 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: KNOCKBAWN
Duty of care number:
3. Print Name: John Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: BU65 XEU C/B Licence No.:
Expiry date:
3. Date of Collection: 11/09/21 Time of Collection:
4. Print Name: DAVE Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|---------|
| a. Licensed Landfill: | ☒ | Permit/WML No: | <u></u> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <u></u> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <u></u> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: MAUDS

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
NON-HAZ
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 5m³
- EWC Code: 190105 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: Knock Bawn
Reading Road
Duty of care number:
- Print Name: J. J. J. Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
Knock Bawn
- Registered waste carrier
Vehicle Reg: EUGS XEV C/B Licence No.:
Expiry date:
- Date of Collection: 14-09-21 Time of Collection:
- Print Name: DAVE Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☐	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility: Mounds

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
- Signed: Tip Ticket No.:

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
NON-HAZ
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 800m³
4. EWC Code: 19 06 03 5. SIC Code: 1
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: REATHEN REIGATE 1. Name: KNOCKBAWN
Duty of care number:
3. Print Name: Deborah Signed: C Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: FUGS XEV C/B Licence No.:
Expiry date:
3. Date of Collection: 11/09/21 Time of Collection: 1
4. Print Name: DAVE Signed: h

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|---------|
| a. Licensed Landfill: | ☒ | Permit/WML No: | <u></u> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <u></u> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <u></u> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: MAULDS

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
Non-HAZ
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 95m³
4. EWC Code: 17 01 02 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: READING RAILGATE 1. Name: KNOCKBAWN
Duty of care number:
3. Print Name: Logman Signed: E Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: EU65 XEV C/B Licence No.:
Expiry date:
3. Date of Collection: 18-09-21 Time of Collection:
4. Print Name: DAVE Signed: h

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☒ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: MOULDS

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EWC Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name:
 Duty of care number:
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.:
 Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of:
 Date:
- Signed: Tip Ticket No.:

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
NON-HAZ
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 15.5m³
4. EWC Code: 20 01 07 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: READING RAILGAE 1. Name: KNOCK BAWN
Duty of care number:
3. Print Name: Hogerman Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: EV65 XEV C/B Licence No.:
Expiry date:
3. Date of Collection: 13-09-21 Time of Collection:
4. Print Name: DAVE Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☐ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: MOULDS

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
NON-HAZ
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 8.5m³
4. EWC Code: 17 01 02 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: WENSLEY READING RGULAE 1. Name: KNOCKBAWN
Duty of care number:
3. Print Name: Dogman Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: EUG5 XEV C/B Licence No.:
Expiry date:
3. Date of Collection: 13-09-24 Time of Collection:
4. Print Name: DAVE Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☐ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: MOWLAS

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
Non-hazard
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 8 m³
4. EWC Code: 17 06 01 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: Knockbawn
Wentley Road Rye GA5 Duty of care number:
3. Print Name: David Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
Knockbawn
2. Registered waste carrier
Vehicle Reg: EV65 KER C/B Licence No.:
Expiry date:
3. Date of Collection: 12/04/21 Time of Collection: 1
4. Print Name: DAVE Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☒ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☐ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: MODULOS

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
Non-haz
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 8.5m³
4. EWC Code: 15 01 07 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: KNOCK BAWN
READING DELTA Duty of care number:
3. Print Name: Steve Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: EV65 XEV C/B Licence No.:
Expiry date:
3. Date of Collection: 10/04 Time of Collection:
4. Print Name: Dave Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☒ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: Moulton

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

Controlled Waste Transfer Note

Section A - Description of waste

Description of waste being transferred (include full description)

Non-hazardous

How is waste contained

 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐

 Quantity of Waste (number of sacks, weight, m³ etc): 8.5m³

WC Code: A20102 5. SIC Code:

We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011

Section B - Producer/Holder of the waste

Name: Knockbawn

Address: Reading League

Printed name: [Signature] Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

Name and Address of Company/Person

Knockbawn

Registered waste carrier

Vehicle Reg: EV65 XEV C/B Licence No:

Expiry date:

Date of Collection: 10-09-11 Time of Collection:

Driver Name: Dave Signed:

Section D - Waiting Time

Arrive on site: Time off site:

Waiting time total:

Signed:

Details of Disposal

Disposal Site (please tick & complete)

Used Landfill:	☐	Permit/WML No:	
Recycling Facility:	☒	Permit/WML/Exemp No:	
Transfer Facility:	☐	Permit/WML No:	
Exempt Facility:	☐		

Address of Disposal/Transfer Facility: Moulton

Section F - Person Receiving the Waste

I confirm that I have received the waste as described in Section A.

Name: on behalf of:

Signed: Date:

Tip Ticket No:

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
2. How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc):
4. EWC Code: 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: Duty of care number:
3. Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
2. Registered waste carrier
 Vehicle Reg: C/B Licence No.:
 Expiry date:
3. Date of Collection: Time of Collection:
4. Print Name: Signed:

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☐ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
 Date:
2. Signed: Tip Ticket No.:

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
MAGNETIC NON-ASZ
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 8000
4. EWC Code: 170102 5. SIC Code:
6. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: KNOCK BAWN
Duty of care number:
3. Print Name: ROBERTA REGAN Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: BV65 NEV C/B Licence No:
Expiry date:
3. Date of Collection: 4/1/11 Time of Collection:
4. Print Name: DAVE Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☒ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☐ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: MOULDS

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
Waste - 1002
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 0.5m³
4. EWC Code: 19 01 04 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: KNOCK BAWN
Duty of care number:
3. Print Name: Raymond Roberts Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: EUGS KBU C/B Licence No.:
Expiry date:
3. Date of Collection: 9/1/21 Time of Collection:
4. Print Name: DAVE Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
2. Address of Disposal/Transfer Facility: NOVA DE

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EWC Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name:
 Duty of care number:
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.:
 Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of:
 Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description) **BYU**
MADEGARDINO NON-HAZ - A
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): **2500**
4. EWC Code: **190501** 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: **KNOCKBAWN**
RENDING DELBAE Duty of care number:
3. Print Name: **James** Signed: **[Signature]** Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: **DUK5 JEV** C/B Licence No.:
Expiry date:
3. Date of Collection: **9/9/21** Time of Collection:
4. Print Name: **DAVE** Signed: **[Signature]**

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☒ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☐ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: **J. MOULDS**

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
non-HAZ Pharm
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 8 m³
4. EWC Code: 10 03 02 S. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: Knockbawn
Reading Abrogate Duty of care number:
3. Print Name: Logan Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
Knockbawn
2. Registered waste carrier
Vehicle Reg: EV65 XEV C/B Licence No.:
Expiry date:
3. Date of Collection: 8/9/21 Time of Collection:
4. Print Name: dane Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☒ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: Mounds

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EWC Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: Duty of care number:
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.: Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☐	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of: Date:
- Signed: Tip Ticket No.:

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
NON-HAZ PHARMAC BREAKOUT
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 85m³
4. EWC Code: 12-03-02 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: KNOCKBAWN
DEADINGS REGRAVE Duty of care number:
3. Print Name: Obgorman Signed: S Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: EUG5 NEV C/B Licence No.:
Expiry date:
3. Date of Collection: 8-9-21 Time of Collection:
4. Print Name: DAVE Signed: h

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☒ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: MOULDS

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EWC Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: Duty of care number:
-
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.: Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☐	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of: Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility. Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EWC Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: Duty of care number:
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.: Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☐	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of: Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
NON HAZ
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 85m³
4. EWC Code: 12 01 02 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: KNOCK BAWN
READING ROAD Duty of care number:
3. Print Name: Logan Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: EVAS DEV C/B Licence No.:
Expiry date:
3. Date of Collection: 7-09-11 Time of Collection:
4. Print Name: DAVE Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☐ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: MIDWICH

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
Non hazardous
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 1 load
4. EWC Code: 140104 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: Knockbawn 1. Name: Knockbawn
Peter NA RGL CTE Duty of care number:
3. Print Name: Jameson Signed: E Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
Knockbawn
2. Registered waste carrier
Vehicle Reg: E165 AEV C/B Licence No.:
Expiry date:
3. Date of Collection: 2024 Time of Collection:
4. Print Name: Pave Signed: E

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|---------|
| a. Licensed Landfill: | ☐ | Permit/WML No: | <u></u> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <u></u> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <u></u> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: WGL CTE

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EW Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: Duty of care number:
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.: Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☐	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of: Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility. Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EWC Code: S. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name:
 Duty of care number:
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.:
 Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☐	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of:
 Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
NON - HAZ
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 100
- EWC Code: ☐ S. SIC Code: ☐
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: ☐ 1. Name: KNOCK BAWN
Duty of care number: ☐
READING Road 645
- Print Name: J. Gorman Signed: ☐ Date: ☐

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: EV65 NEU C/B Licence No.: ☐
Expiry date: ☐
- Date of Collection: 22-10-21 Time of Collection: ☐
- Print Name: DAVE Signed: ☐

Section D - Waiting Time

- Time on site: ☐ Time off site: ☐
- Waiting time total: ☐
- Print Name: ☐ Signed: ☐

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	☐
b. Recycling Facility:	☐	Permit/WML/Exemp No:	☐
c. Transfer Facility:	☐	Permit/WML No:	☐
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility: ☐ MOWLES

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
Print Name: ☐ on behalf of: ☐
Date: ☐
- Signed: ☐ Tip Ticket No: ☐

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

1. Description of waste being transferred (include full description)
NON - HAZ
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 5.5m³
4. EWC Code: 17 01 04 S. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: KNOCK BAWN
 DUTY OF CARE number:
3. Print Name: J. J. J. Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: EV65 XEV C/B Licence No.:
Expiry date:
3. Date of Collection: 22-10-24 Time of Collection:
4. Print Name: DAVE Signed:

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☐	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
2. Address of Disposal/Transfer Facility: M01 023

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
NON-HAZ
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 18.5m³
- EW Code: 170107 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: KNOCK BAWN
Duty of care number:
- Print Name: Raymond Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: EUG5 NEU C/B Licence No.:
Expiry date:
- Date of Collection: 21-05-14 Time of Collection:
- Print Name: DAVE Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☐	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility: MOULDS

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EW Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name:
 Duty of care number:
 3. Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.:
 Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☐	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of:
 Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EWC Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: Duty of care number:
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.:
 Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☐	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of:
 Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
oven - 1002
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 3-5 m³
4. EWC Code: 1901 02 5. SIC Code:
6. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: 1. Name: KNOCK BAWN
Duty of care number:
- READING ROAD
3. Print Name: Shomen Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: EVE5 LEV C/B Licence No.:
Expiry date:
3. Date of Collection: 21-10-21 Time of Collection: 1
4. Print Name: DAVE Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|---------|
| a. Licensed Landfill: | ☐ | Permit/WML No: | <u></u> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <u></u> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <u></u> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: Mouldey

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EW Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name:
 Duty of care number:
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.:
 Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☐	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of:
 Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
Non-hal
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 85m³
- EW Code: 190104 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: KNOCK BAWN
Duty of care number:
2. Print Name: Rebecca Ralston Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: EV65 XEV C/B Licence No.:
Expiry date:
- Date of Collection: 20/10/12 Time of Collection:
- Print Name: Dave Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☐	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility: MOUNDB

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EWC Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name:
 Duty of care number:
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.:
 Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☐	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of:
 Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
MADE GROUND NON-HAZ
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 8 m³
4. EWC Code: 120107 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: READING RAIL LANE 1. Name: KNOCK BAWN
Duty of care number:
3. Print Name: Logan Signed: G Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: EV65 XEU C/B Licence No.:
Expiry date:
3. Date of Collection: 20/01/12 Time of Collection: 1
4. Print Name: DAVE Signed: L

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☒ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: MOLLYS

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
MADE GROUND NON-HAZ
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 8.5mb
- EWG Code: 0104 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: KNOCK BAWN
Duty of care number:
REDONING ROAD
2. Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: EV65LEV C/B Licence No.:
Expiry date:
3. Date of Collection: 19-04-19 Time of Collection:
4. Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☐	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility: MOVING

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
NON-HAZ
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 0.5m³
- EW Code: 17-01-02 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: KNOCK BAWN
READING RG6 6AE Duty of care number:
- Print Name: Dogman Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: EV65 BEV C/B Licence No.:
Expiry date:
- Date of Collection: 12-10-24 Time of Collection:
- Print Name: DAVE Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☐	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility: MIDDLE

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EWC Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name:
 Duty of care number:
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.:
 Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☐	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of:
 Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
NON - HAZ
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 8.5m³
- EWC Code: 170107 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: KNOCK BAWN
Duty of care number:
- Print Name: Deanna Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: EUG5 XEU C/B Licence No.:
Expiry date:
- Date of Collection: 19-10-24 Time of Collection:
- Print Name: DAVE Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☐	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility: MOWLES

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
NON-HAZ
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 2500
- EWC Code: 20 01 07 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: KNOCK BAWN
Duty of care number:
- Print Name: ASHMORE Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: EUG5 NEU C/B Licence No.:
Expiry date:
- Date of Collection: 18-10-21 Time of Collection:
- Print Name: DAVE Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☐	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EW Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name:
 Duty of care number:
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.:
 Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☐	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of:
 Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EWC Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name:
 Duty of care number:
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.:
 Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of:
 Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EWC Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: Duty of care number:
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.:
 Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☐	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of:
 Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EWC Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name:
 Duty of care number:
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.:
 Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☐	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of:
 Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

1. Description of waste being transferred (include full description)

120521

2. How is waste contained

 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐

3. Quantity of Waste (number of sacks, weight, m
- ³
- etc):

120521

4. EWC Code:

120521

5. SIC Code:

5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011

Section B - Producer/Holder of the waste

2. Site address:

1. Name:

Knockbawn

Duty of care number:

RGV GATE DEDDING

3. Print Name:

[Signature]

- Signed:

[Signature]

- Date:

[Blank]

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person

Knockbawn

2. Registered waste carrier

C/B Licence No.:

Vehicle Reg:

EV65 KEV

Expiry date:

3. Date of Collection:

15-12-21

Time of Collection:

4. Print Name:

DAVE

Signed:

[Signature]

Section D - Waiting Time

1. Time on site:

Time off site:

2. Waiting time total:

3. Print Name:

Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)

- a. Licensed Landfill:

☐

Permit/WML No:

- b. Recycling Facility:

☒

Permit/WML/Exemp No:

- c. Transfer Facility:

☐

Permit/WML No:

- d. Exempt Facility:

☐

2. Address of Disposal/Transfer Facility:

Moulton

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.

Print Name:

[Blank]

on behalf of:

[Blank]

Date:

[Blank]

2. Signed:

[Blank]

Tip Ticket No.:

[Blank]

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility. Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EWC Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name:
 Duty of care number:
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.:
 Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☐	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of:
 Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
NON-HAZ
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 8.5m³
- EW Code: 19 01 50 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: KNOCKBAWN
READING RG6 6AE Duty of care number:
- Print Name: Logo Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
KNOCKBAWN
- Registered waste carrier
Vehicle Reg: EUGS NEV C/B Licence No.:
Expiry date:
- Date of Collection: 15-10-21 Time of Collection:
- Print Name: DAVE Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility: MOWLES

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
NON-HAZ
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 85m³
- EW Code: 12 01 07 5. SIC Code: ☐
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: KNOCK BAWN
READING RG1 6AE Duty of care number: ☐
- Print Name: J. J. J. Signed: ☐ Date: ☐

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: EV45 XEU C/B Licence No.: ☐
Expiry date: ☐
- Date of Collection: 28-10-21 Time of Collection: ☐
- Print Name: DAVE Signed: ☐

Section D - Waiting Time

- Time on site: ☐ Time off site: ☐
- Waiting time total: ☐
- Print Name: ☐ Signed: ☐

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	☐
b. Recycling Facility:	☐	Permit/WML/Exemp No:	☐
c. Transfer Facility:	☐	Permit/WML No:	☐
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility: Moulton

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
Print Name: ☐ on behalf of: ☐
Date: ☐
- Signed: ☐ Tip Ticket No.: ☐

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
NON-HAZ
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 18.5m³
- EW Code: 17 01 07
- SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: KNOCK BAWN
Duty of care number:
READING RG1 6AE
- Print Name: J. Gorman Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: EUG5 XEV C/B Licence No.:
Expiry date:
- Date of Collection: 26-10-21 Time of Collection:
- Print Name: DAVE Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility: Moulton

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
NON-HAZ
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 18.5m³
- EWC Code: 12 01 07 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: KNOCK BAWN
READING RG1 6AE Duty of care number:
- Print Name: Doganlar Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: EV65 NEU C/B Licence No.:
Expiry date:
- Date of Collection: 26-10-21 Time of Collection:
- Print Name: DAVE Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility: MOULDS

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
KON - HAZ
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 8 m³
4. EWC Code: 190107 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: NEWLET RGL 645 1. Name: KNOCK BAWN
Duty of care number:
3. Print Name: Deborah Signed: E Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: BUG9 ZUN C/B Licence No.:
Expiry date:
3. Date of Collection: 26-10-21 Time of Collection:
4. Print Name: BARRY Signed: (Signature)

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☒ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☒ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: B. I. moulas

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
IRON - SLAG
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 8.5m³
4. EWC Code: 1201 02 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: READING RG1 6AE 1. Name: KNOCK BAWN
Duty of care number:
3. Print Name: Legomen Signed: E Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: BUG8 ZLV C/B Licence No.:
Expiry date:
3. Date of Collection: 26-10-21 Time of Collection:
4. Print Name: BARRY Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- a. Licensed Landfill: ☒ Permit/WML No:
- b. Recycling Facility: ☐ Permit/WML/Exemp No:
- c. Transfer Facility: ☐ Permit/WML No:
- d. Exempt Facility: ☐
2. Address of Disposal/Transfer Facility: MOLUOS

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
NON-HAZ
2. How is waste contained
Loose: ☐ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 8.5m³
4. EWC Code: 12 01 04 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: READING Rev 60E 1. Name: KNOCK BAWN Duty of care number:
3. Print Name: Legman Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: BUG9 ZWV C/B Licence No.:
Expiry date:
3. Date of Collection: 26-10-21 Time of Collection:
4. Print Name: BARRY Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☐ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: MOULDS

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
- Date:
2. Signed: Tip Ticket No.:

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
NON-HAL
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 8.5m³
- EWC Code: 17 01 05 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: KNOCK BAWN
READING, RG1 6AE Duty of care number:
- Print Name: J. Gorman Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: BU6A ZWU C/B Licence No.:
Expiry date:
- Date of Collection: 26/10/21 Time of Collection:
- Print Name: BARRA Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☐	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility: MOULDS

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
NON HAZ
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 800g
4. EWC Code: 15 01 07 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: READING RG1 1AE 1. Name: KNOCK BAWN
Duty of care number:
3. Print Name: Deborah Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: BUB9 ZWV C/B Licence No.:
Expiry date:
3. Date of Collection: 15-10-24 Time of Collection:
4. Print Name: DEBORAH Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☒ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☐ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: MOULDS

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

No: 05181

Controlled Waste Transfer Note

Section A - Description of waste

1. Description of waste being transferred (include full description)
 2. How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
 3. Quantity of Waste (number of sacks, weight, m³ etc):
 4. EWC Code: 5. SIC Code:
 5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011

Section B - Producer/Holder of the waste

2. Site address: _____ 1. Name: KIMBERLY BROWN
 _____ READING ROOM 645 Duty of care number: _____
 3. Print Name: Alison A. Signed: C Date: _____

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
[Redacted]
2. Registered waste carrier
Vehicle Reg: [Redacted] C/B Licence No.: [Redacted]
Expiry date: [Redacted]
3. Date of Collection: [Redacted] Time of Collection: [Redacted]
4. Print Name: [Redacted] Signed: [Redacted]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|--------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☐ | Permit/WML No: | <input type="text"/> |
| b. Recycling Facility: | ☐ | Permit/WML/Exemp No: | <input type="text"/> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <input type="text"/> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility:
- Maryland*

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
- Date:
2. Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note**Section A - Description of waste**

1. Description of waste being transferred (include full description)
MAN - 1002
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 8.5m³
4. EWC Code: 10 01 01 5. SIC Code:
5. We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

2. Site address: READING RAILWAY 1. Name: KNOCK BAWN
Duty of care number:
3. Print Name: John Smith Signed: [Signature] Date:

Section C - Company/Person Transporting the Waste (Haulier)

1. Name and Address of Company/Person
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: BV69 7W C/B Licence No.:
Expiry date:
3. Date of Collection: 25-10-21 Time of Collection:
4. Print Name: B. DODD Signed: [Signature]

Section D - Waiting Time

1. Time on site: Time off site:
2. Waiting time total:
3. Print Name: Signed:

Section E - Details of Disposal

1. Type of Disposal Site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|---------|
| a. Licensed Landfill: | ☒ | Permit/WML No: | <u></u> |
| b. Recycling Facility: | ☒ | Permit/WML/Exemp No: | <u></u> |
| c. Transfer Facility: | ☐ | Permit/WML No: | <u></u> |
| d. Exempt Facility: | ☐ | | |
2. Address of Disposal/Transfer Facility: MOULDS

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: on behalf of:
Date:
2. Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EW Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name:
 Duty of care number:
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.:
 Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☐	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of:
 Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
- How is waste contained
 Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc):
- EWC Code: 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name:
 Duty of care number:
- Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
- Registered waste carrier
 Vehicle Reg: C/B Licence No.:
 Expiry date:
- Date of Collection: Time of Collection:
- Print Name: Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☐	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility:

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
 Print Name: on behalf of:
 Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
 Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
NON-HAZ
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 2.5m³
- EW Code: 17-01-07 5. SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: KNOCK BAWN
Duty of care number:
READING REG C&E
- Print Name: Logman Signed: E Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: EUG5 KEV C/B Licence No.:
Expiry date:
- Date of Collection: 05-10-21 Time of Collection:
- Print Name: DAVE Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☐	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility: Moulds

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
NON-HAZ
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 8.5m³
- EW Code: 17 01 04
- SIC Code:
- We confirm that we have applied the waste management hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011 ☐

Section B - Producer/Holder of the waste

- Site address: 1. Name: KNOCK BAWN
Duty of care number:
- Print Name: Dogormann Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: EV65 REV C/B Licence No.:
Expiry date:
- Date of Collection: 25-10-21 Time of Collection:
- Print Name: DAVE Signed:

Section D - Waiting Time

- Time on site: Time off site:
- Waiting time total:
- Print Name: Signed:

Section E - Details of Disposal

- Type of Disposal Site (please tick & complete)

a. Licensed Landfill:	☒	Permit/WML No:	
b. Recycling Facility:	☒	Permit/WML/Exemp No:	
c. Transfer Facility:	☐	Permit/WML No:	
d. Exempt Facility:	☐		
- Address of Disposal/Transfer Facility: MOWLES

Section F - Person Receiving the Waste

- I confirm that I have received the waste as described in Section A.
Print Name: on behalf of:
Date:
- Signed: Tip Ticket No.:

White copy: Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by KBL with returned White copy for 6 years.

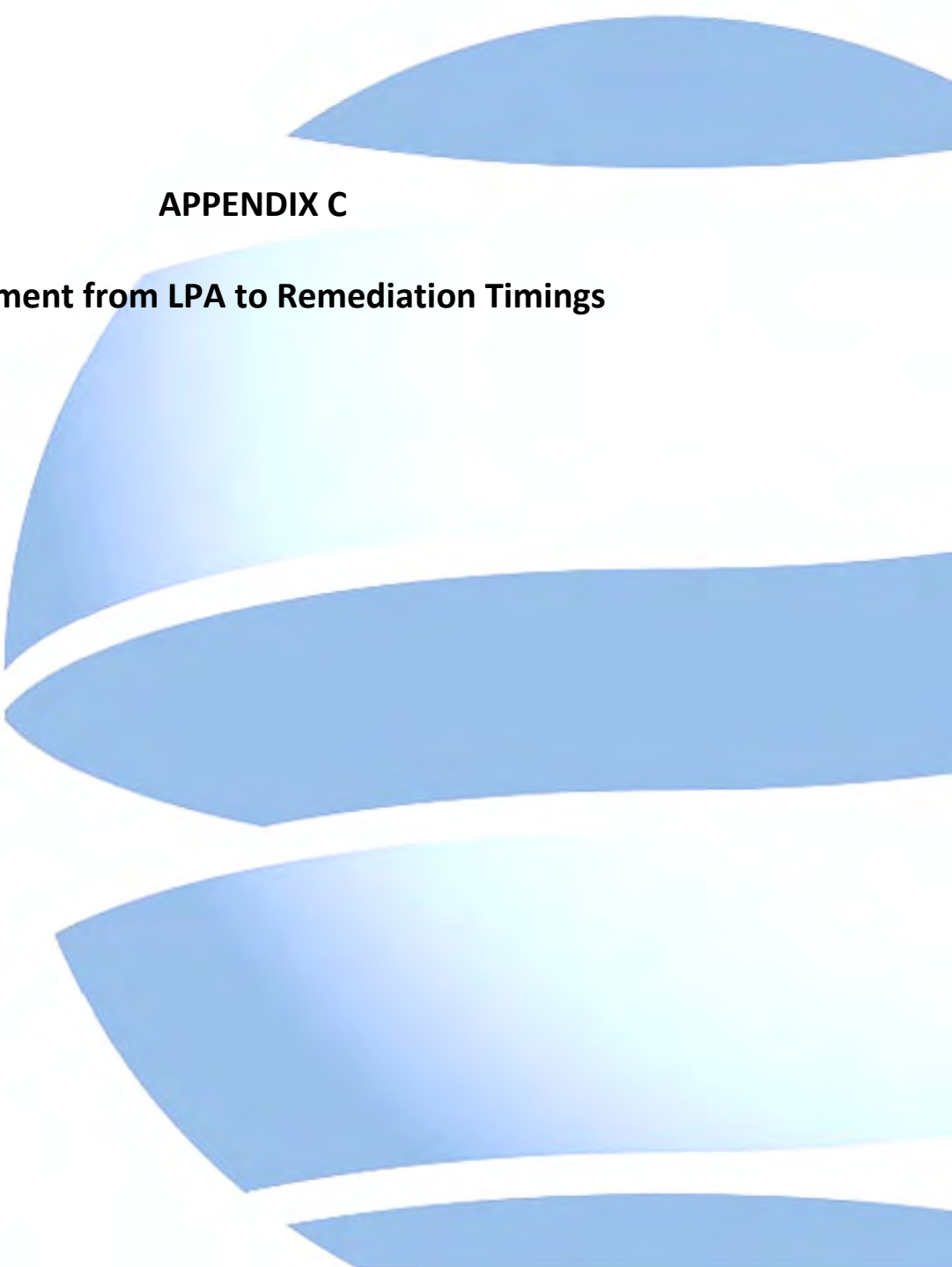
[illegible][illegible]

Block A Post demolition survey

Ticket No	Date	Item	Quantity	Unit
	25/02/2022	Tarmac/ Made ground	1	load
	01/03/2022	Tarmac/ Made ground	1	load
	01/03/2022	Tarmac/ Made ground	1	load
	01/03/2022	Tarmac/ Made ground	1	load
	01/03/2022	Tarmac/ Made ground	1	load
	01/03/2022	Tarmac/ Made ground	1	load
	01/03/2022	Tarmac/ Made ground	1	load
	01/03/2022	Tarmac/ Made ground	1	load
	02/03/2022	Tarmac/ Made ground	1	load
	02/03/2022	Tarmac/ Made ground	1	load
	02/03/2022	Tarmac/ Made ground	1	load
	02/03/2022	Tarmac/ Made ground	1	load
	02/03/2022	Tarmac/ Made ground	1	load
	02/03/2022	Tarmac/ Made ground	1	load
	02/03/2022	Tarmac/ Made ground	1	load
	02/03/2022	Tarmac/ Made ground	1	load
	03/03/2022	Tarmac/ Made ground	1	load
	03/03/2022	Tarmac/ Made ground	1	load
	03/03/2022	Tarmac/ Made ground	1	load
	03/03/2022	Tarmac/ Made ground	1	load
	03/03/2022	Tarmac/ Made ground	1	load
	03/03/2022	Tarmac/ Made ground	1	load
	04/03/2022	Tarmac/ Made ground	1	load
	04/03/2022	Tarmac/ Made ground	1	load
	04/03/2022	Tarmac/ Made ground	1	load
	04/03/2022	Tarmac/ Made ground	1	load
	04/03/2022	Tarmac/ Made ground	1	load
	04/03/2022	Tarmac/ Made ground	1	load
	05/03/2022	Tarmac/ Made ground	1	load
	05/03/2022	Tarmac/ Made ground	1	load
			51	
			169	loads

Type of Waste	EWC Code
Non -Hazardous	17 03 02
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07
Non -Hazardous	17 01 07

Block C



APPENDIX C

Agreement from LPA to Remediation Timings

Shaun Armitage

From: Markwell, Jonathan <Jonathan.Markwell@reading.gov.uk>
Sent: 29 July 2022 12:07
To: Shaun Armitage
Cc: Moon, Rebecca
Subject: RE: Wensley Road, Reading - Application No: 200122 - Condition 18 (remediation validation)

Dear Mr Armitage,

Thank you for your emails of yesterday. I have been able to liaise briefly with Rebecca's colleague Ross Jarvis (Ross himself is about to be on leave too, so resources are somewhat stretched at present).

In short, Ross is content that the condition can be sought to be partially discharged, to separate out different component parts of the remediation scheme so that as many elements as possible are submitted shortly, with just the importation of clean soils and installation of the cover system delayed from being carried out until later on in the construction programme.

From a procedural perspective, I can advise that this will necessitate the submission of two separate applications to the local planning authority:

- 1) An approval of details application which seeks to partially discharge condition 18. This should include a clear statement firstly identifying each and every component part of the remediation scheme (already approved by condition 17) and specifying the timetable in which these works have/will be carried out. In practice, this will either be a) prior to construction above foundation level or b) prior to the first occupation of any residential unit within the development hereby approved.

Following on from that, the statement should then specify which elements are sought to be discharged as part of this application (with it strongly recommended that as many as possible are) and which will be submitted later (which should be limited to the importation of clean soils and installation of the cover system – based on your email below). Furthermore, if applicable, it would be ideal to provide a plan as to where such remediation works have taken place / are yet to take place.

Obviously the submission should also include the validation report discussing the remediation works carried out in relation to the elements proposed as part of the partial discharge of the condition.

It is considered prudent for this to be submitted as soon as possible and determined before construction above foundation level (as per the wording of the current condition), rather than delaying the submission of all details until pre-occupation (as referenced in your email below), to reduce the risk if there are any issues with the validation report (the details you submitted yesterday haven't been assessed by my Environmental Protection colleagues). Based on your email it is presumed that the importation of clean soils and installation of the cover system solely relates to gardens/soft landscape external areas and not within the footprint of the buildings themselves? Obviously if it were to be in areas of the site beneath the proposed buildings then it would not be prudent to delay details being approved until pre-occupation, as the practicalities and enforcement of further remediation works (if those carried out aren't considered satisfactory) would be problematic in that context.

- 2) Given the trigger point for the approval of all elements of condition 18 is presently before construction above foundation level, in allowing the importation of clean soils and installation of the cover system to take place later on in the construction programme (as you are seeking), the wording of condition 18 will need to be altered to account for this change (as some works would be taking place after the current trigger point of before construction above foundation level). It

is strongly suggested that this is formalised through a non-material amendment s96a application, to vary the wording of condition 18. This type of application involves no statutory public consultation and decisions are required to be issued within 28 days, meaning I would suggest that it is submitted at the same time as the approval of details application in 1) above (but will need to be a separate application submission), I would then seek to determine the non-material amendment application first, with the wording then being applied to the under consideration approval of details application 1) for condition 18a).

In terms of the changes to the wording, I would suggest the following:

Current wording:

The approved remediation scheme under Condition 17 shall be implemented in accordance with the approved timetable of works. A validation report (that demonstrates the effectiveness of the remediation carried out) shall be submitted to and approved by the Local Planning Authority before construction above foundation level.

Reason: To ensure the development is suitable for its end use and the wider environment and does not create undue risks to occupiers of the site or surrounding areas in accordance with Policies EN16 and CC8 of the Reading Borough Local Plan 2019.

Suggested altered wording (alterations highlighted in yellow):

The approved remediation scheme under Condition 17 shall be implemented in accordance with the approved timetable of works. A validation report (that demonstrates the effectiveness of the relevant elements of the remediation carried out, based on the timings within the timetable of works) shall be submitted to and approved by the Local Planning Authority before a) construction above foundation level and b) prior to the first occupation of any residential unit within the development hereby approved.

Reason: To ensure the development is suitable for its end use and the wider environment and does not create undue risks to occupiers of the site or surrounding areas in accordance with Policies EN16 and CC8 of the Reading Borough Local Plan 2019.

You should also submit a covering letter explaining the reason for the change in the wording of the condition (which should essentially expand on the rationale you detail in your email below).

In practice therefore, the application in 1) above would then be seeking to discharge condition 18a), with the importation of clean soils and installation of the cover system parts of the remediation scheme being separately submitted for approval prior to first occupation as condition 18b) in due course.

I hope that this is of assistance to you. Please contact me should you wish to discuss this further.

Yours sincerely,

Jonathan Markwell
Principal Planning Officer
Planning Section | Directorate for Economic Growth and Neighbourhood Services

Reading Borough Council
Civic Offices,
Bridge Street,
Reading,
RG1 2LU

07971 015 688

[Website](#) | [Facebook](#) | [Twitter](#) | [YouTube](#) | [Instagram](#) | [LinkedIn](#)



The information in this e-mail (and its attachments) may contain data which constitutes 'personal data' or 'sensitive personal data' and it is provided to you on the understanding that you are (a) entitled to receive such data (b) that you will store and safeguard this data and (c) that you will take all reasonable care not to distribute this data to other parties not entitled to receive it – either deliberately or inadvertently. Furthermore, the information is provided on the understanding that it will only be used for the purposes that it was disclosed to (or requested by) you and you will safely & securely destroy / delete this data once it has been used for that purpose/s or otherwise store it in accordance with the guidance set down by the Council from time to time. Failure to adhere to these requirements may lead to a breach of the Data Protection Act, data storage requirements set down by the Council and could result in significant fines and / or adverse publicity.

In addition, please note that the advice contained within this email (and attachments – if applicable) is that of an officer of the Borough Council and is provided without prejudice to the decision of the Borough Council.

From: Shaun Armitage <Shaun.armitage@gesl.net>

Sent: 28 July 2022 11:25

To: Moon, Rebecca <Rebecca.Moon@reading.gov.uk>

Cc: Markwell, Jonathan <Jonathan.Markwell@reading.gov.uk>

Subject: Wensley Road, Reading - Application No: 200122 - Condition 18 (remediation validation)

This is an EXTERNAL EMAIL. STOP THINK before you CLICK links or OPEN attachments.

Dear Rebecca,

We are the contaminated land consultants working on behalf of our client Glenman Corporation who are constructing the new housing scheme at Wensley Road, Reading and I hope you may be able to assist regarding Condition 18.

Condition 18 requires that the approved remediation scheme (attached for reference) is implemented before construction above foundation level. Briefly, the remediation scheme comprises: post-demolition investigation to determine the areas where asbestos impacted soils are present (completed and letter report attached); stripping of impacted soils to sufficient depth accommodate the clean soil cover system or remove the full depth of Made Ground; and installation of the clean soil cover system.

The current position, as I understand it, on site is that stripping and removal of soils has taken place in preparation for installation of the cover system and construction will shortly continue above foundation level. However, we do not consider that importation of clean soils and installation of the cover system would be appropriate at this stage of construction as the soils will be passed over by following trades as construction progresses and likely suffer from compaction and deposition of construction debris. It would be more appropriate to complete the clean soil cover system once plots are nearing completion to ensure the soils remain free from debris and are not over compacted. This is the typical approach taken on most sites.

My query is, would it be possible to part discharge condition 18 to allow construction to proceed above foundation level or potentially vary the condition so that it is a pre-occupation condition?

I have copied in Jonathan Markwell as the planning officer.

Kind regards,

Shaun Armitage

BSc (Hons), FGS

Principal Engineer

T: +44 (0) 1273 832972

M: +44 (0) 7821 448751

W: www.gesl.net

Head office: Unit 7, Danworth Farm, Cuckfield Rd, Hurstpierpoint, West Sussex, BN6 9GL, UK

Bristol Office: Bristol Broad Quay, Broad Quay House, Prince Street, Bristol, BS1 4DJ

Birmingham Office: Birmingham Fort Dunlop, Fort Dunlop, Fort Parkway, Birmingham, B24 9FEL



Geo-Environmental

Geo-Environmental Services Limited has ISO9001, ISO14001 and ISO45001 accreditation.
The Company Registration No. is 3214980 and the VAT Registration No. is 679544479.