

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: 20 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 Reuse 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: 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: Reading

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)
- 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 MADEGROUND
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: KNOCK BAWN
- 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
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: EV65 XEV 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:
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): 25m³
4. EWC Code: 170102 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: Deanna Pemberton 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: BUR5 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: Mouros

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 MADDEROUND
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 5 TMS
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 RG14AE 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
KNOCK BAWN
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: MADDERS

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): 5 bags
- EWC Code: 190605 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
Print Name: J. J. J. Signed: Date:
- Duty of care number:

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: Mounes

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 02 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: RETHENGE RENGATE 1. Name: KNOCKBAWN
Duty of care number:
3. Print Name: Stephen 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: MAVLOS

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): BSM
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: READING ROUTE 1. Name: KNOCK BAWN
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
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: EU65 XEV C/B Licence No.:
Expiry date:
3. Date of Collection: 12-09-21 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.:

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): 15m³
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: 1. Name: KNOCK BAWN
READING ROAD Duty of care number:
3. Print Name: Dogormar Signed: L 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: 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: 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-HAZ
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 8.5m³
- EWC Code: 17 01 02
- 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: WENSLEY READING RGUBAE
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: 13-09-24 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: MOWAS

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

- 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

- 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: 19 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 DELTA
- Print Name: Steve 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: 10/04/24 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: Mouldy

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

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): 80m³

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

Site address: 1. Name: Knockbawn

Reading League Duty of care number:

Print name: John Signed: [Signature] Date:

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

Name and Address of Company/Person

Knockbawn

Registered waste carrier

Vehicle Reg: BUG5 XEV C/B Licence No.:

Expiry date:

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

Driver Name: DAVE Signed: [Signature]

Section D - Waiting Time

Time on site: Time off site:

Waiting time total:

Signature: 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:

Empty Facility: ☐

Address of Disposal/Transfer Facility: Moulton

Section F - Person Receiving the Waste

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

Print Name: on behalf of:

Signed: Date:

Tip Ticket No.:

Signature at disposal point and return to KBL. Yellow: Retained by disposal site/transfer facility. 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:
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): 2 TONS
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: 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: 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.:

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): 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: KNOCKBAWN
Reading Road Duty of care number:
3. Print Name: Stephen 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 XEU C/B Licence No.:
Expiry date:
3. Date of Collection: 9/1/11 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: Nowhere

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.:

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description) **BYU**
- 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.:

Controlled Waste Transfer Note

Section A - Description of waste

- Description of waste being transferred (include full description)
NON-HAZ TARMAC BREAKOUT
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 85m³
- EWC Code: 17-03-02
- 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
DRAINAGE REGULATE
Duty of care number:
- Print Name: J. Gorman Signed: Date:

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

- Name and Address of Company/Person
KNOCKBAWN
- Registered waste carrier
Vehicle Reg: EV65 NEV C/B Licence No.:
Expiry date:
- Date of Collection: 8-9-21 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)
- 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: 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

- 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): 85m³
- EWC Code: 12 01 02
- 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: Duggan Signed: Date:

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

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: EVAS XEV C/B Licence No.:
Expiry date:
- Date of Collection: 7-09-11 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: MOWERS

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: 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

- 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 09
- 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: Chapman Signed: ☒ Date:

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

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: EUG6 DEU C/B Licence No.:
Expiry date:
- Date of Collection: 02-10-21 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: 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.:

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): 1 ton
- 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: KNOCK BAWN
Duty of care number: ☐
READING Road 645
- Print Name: J. Gomer Signed: ☐ Date: ☐

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

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: EUGS XBU 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)
 - Licensed Landfill: ☒ Permit/WML No: ☐
 - Recycling Facility: ☒ Permit/WML/Exemp No: ☐
 - Transfer Facility: ☐ Permit/WML No: ☐
 - Exempt Facility: ☐
- Address of Disposal/Transfer Facility: ☐ MOWERS

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
- EWG Code: 17 01 01 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 RG16AE
- Print Name: J. J. Jones 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: 22-10-24 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): 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:
2. Print Name: Reading Regulate Signed: Date:

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

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: BUG5 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)
 - Licensed Landfill: ☒ Permit/WML No:
 - Recycling Facility: ☐ Permit/WML/Exemp No:
 - Transfer Facility: ☐ Permit/WML No:
 - 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:
- 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)
IRON - 1002
2. How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
3. Quantity of Waste (number of sacks, weight, m³ etc): 8-5 m³
4. EWC Code: 1001 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: READING ROAD 1. Name: KNOCK BAWN
Duty of care number:
3. Print Name: Johnmen 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: BUGS 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: 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.:

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-hal
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 85m³
- EWC Code: 170108 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: DOUGLAS 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: 20/10/11 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: <input type="text"/> | on behalf of: <input type="text"/> |
| Signed: <input type="text"/> | Date: <input type="text"/> |
| | Tip Ticket No.: <input type="text"/> |

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:	17 01 01
b. Recycling Facility:	☐	Permit/WML/Exemp No:	17 01 01
c. Transfer Facility:	☐	Permit/WML No:	17 01 01
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)
MADE GROUND NON-HAZ
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 8 m³
- EW Code: 12 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 RAIL LANE
Duty of care number:
- Print Name: J. Gorman Signed: S Date:

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

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: EV65 XEU C/B Licence No.:
Expiry date:
- Date of Collection: 21/01/12 Time of Collection: 1
- 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: MOLLIS

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)
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 RG1 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 AEV C/B Licence No.:
Expiry date:
- Date of Collection: 12-10-24 Time of Collection:
- Print Name: PAVE 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
- 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
READING RG6 6AE Duty of care number:
- Print Name: ~~Stephen~~ 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: 19-10-21 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: Mouldy

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: 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: EU65 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
- EW 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: Knockbawn
Duty of care number:
READING RG16 5TE
- Print Name: Asgome Signed: Date:

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

- Name and Address of Company/Person
Knockbawn
- 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)
NON-HAZ
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 8.0m³
- EW Code: 17 01 04 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 RAIL WAE
- Print Name: J. J. J. Signed: S Date:

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

- Name and Address of Company/Person
KNOCK BAWN
- Registered waste carrier
Vehicle Reg: EUGS AEV C/B Licence No.:
Expiry date:
- Date of Collection: 18-02-24 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: 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:
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):
- 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):
- 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):
- 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-HAZ
- How is waste contained
Loose: ☒ Sacks: ☐ Skip: ☐ Drum: ☐ Other: ☐
- Quantity of Waste (number of sacks, weight, m³ etc): 8.5m³
- 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: 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: EV65 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): 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: KNOCK BAWN
Duty of care number:
READING REG GAE
- Print Name: Duggan Signed: S 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: 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): 18-20m³
4. EWC Code: 12 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
- Duty of care number:
3. Print Name: DOUGLAS 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 NEU C/B Licence No.:
Expiry date:
3. Date of Collection: 26-10-21 Time of Collection:
4. Print Name: DAVID 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: 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.

No: 05188

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: KNOCKBAWN
 [Signature] [Signature] Duty of care number: []
 3. Print Name: [Signature] Signed: [Signature] Date: []

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

1. Name and Address of Company/Person
KNOCKBURN
2. Registered waste carrier
Vehicle Reg: BUC9 ZAN
C/B Licence No.:
Expiry date:
3. Date of Collection: 26-10-21
Time of Collection:
4. Print Name: BORRER
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:
- B. I. mawde*

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 RSL GAR 1. Name: KNOCK BAWN
Duty of care number:
3. Print Name: Legoman Signed: S Date:

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

1. Name and Address of Company/Person
KNOCK BAWN
2. Registered waste carrier
Vehicle Reg: BUGB 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: | <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: 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): 5 sm³
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: READING Rev GAE 1. Name: KNOCK BAWN Duty of care number:
3. Print Name: Logman 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: BARRX 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)
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: V2 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, RG1 6AE 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: BUCA 2WV 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.:

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):
- EWG 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: 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)
MAN - 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: 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: 1. Name: KNOCK BAWN
READING RG1 6AE Duty of care number:
3. Print Name: Joseph 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: BVB9 7W C/B Licence No.:
Expiry date:
3. Date of Collection: 25-10-21 Time of Collection:
4. Print Name: BODDY 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)
MON - HA 2
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: B0103 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: Redburn Rd 1. Name: KNOCK BAWN
Duty of care number:
3. Print Name: [Signature] 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 ZW C/B Licence No.:
Expiry date:
3. Date of Collection: 25-10-21 Time of Collection:
4. Print Name: [Signature] 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: MOULDY

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):
- 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.