

GBN GBN Services Ltd, Estate Way, 210 Church Road, Leyton, E10 7JN www.gbnservices.co.uk		Registered Waste Carrier, GBN Services Ltd. Waste Carrier Reg. No. CBDU90075 VAT Reg. No. 450884239		WML Reg. No. 01268 820 030 WML CB 3709 XH Date: 31/01/2020		Client Name: RECONOMY (UK) Account Number: RES502 Operation: Exchange		Size: 8 YARD CRANE TESTED SKIP Order No. 0517703/2232491		Section A - Waste Description EWG: 7.09.04 SIC: 45210 Time: B4 3.30PM MIXED CONSTRUCTION WILTON PARK DEVELOPMENT RANDALLS UXBIDGE UB9 1NR		Section B - Customer / Producer of waste. Sections A and B have been completed for and on behalf of the producer / holder of the waste. I confirm that the waste hierarchy has been applied as required by law. All conditions overleaf have been noted.		Signature: <i>[Signature]</i> Name (print): <i>Chiv Co</i> Date: 31/1/20		For conditions of hire, see reverse. Please note paragraph 5 and 10 overleaf. Skips may be collected after 3-days. OVERLOADS WILL BE CHARGED CUSTOMERS MUST LAMP SKIPS		NO ASBESTOS NO FRIDGES NO PAINT NO TYRES NO OIL NO BATTERIES NO CHEMICALS - UNLESS BY PRIOR ARRANGEMENT	
Head Office GBN Services Ltd, Estate Way, 210 Church Road, Leyton, E10 7JN www.gbnservices.co.uk Data input by: JACK		WML Reg. No. 01268 820 030 WML CB 3709 XH Date: 31/01/2020		Client Name: RECONOMY (UK) Account Number: RES502 Operation: Exchange		Size: 8 YARD CRANE TESTED SKIP Order No. 0517703/2232491		Section A - Waste Description EWG: 7.09.04 SIC: 45210 Time: B4 3.30PM MIXED CONSTRUCTION WILTON PARK DEVELOPMENT RANDALLS UXBIDGE UB9 1NR		Section B - Customer / Producer of waste. Sections A and B have been completed for and on behalf of the producer / holder of the waste. I confirm that the waste hierarchy has been applied as required by law. All conditions overleaf have been noted.		Signature: <i>[Signature]</i> Name (print): <i>Chiv Co</i> Date: 31/1/20		For conditions of hire, see reverse. Please note paragraph 5 and 10 overleaf. Skips may be collected after 3-days. OVERLOADS WILL BE CHARGED CUSTOMERS MUST LAMP SKIPS		NO ASBESTOS NO FRIDGES NO PAINT NO TYRES NO OIL NO BATTERIES NO CHEMICALS - UNLESS BY PRIOR ARRANGEMENT			
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Ticket Dates
12-3-19 / 15/3/19

Issued 18-3-19

Total 24 Tickets

Covering No 002134

to 002159

- No 002138

KNOCKBAWN

No: 002159

Controlled Waste Transfer Note

Section A - Description of waste

1. Description of waste being transferred (include full description)
4M³ CONCRETE QUATRO I VBE
 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:
- 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: **CXBRIDGIS**
1. Name: **KNOCKBAWN**
- Print Name: Signed: Date:

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

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: **CX13 VHO** C/B Licence No.:
Expiry date:
3. Date of Collection: **15-03-19** Time of Collection: Signed: **[Signature]**
4. Print Name: **DAVE**

Section D - Waiting Time

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

Section E - Details of Disposal

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

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: **Tom Mc Greal** on behalf of:
Date:
2. Signed: **Tom Mc Greal** 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.

KNOCKBAWN

No: 0021

Controlled Waste Transfer No.**Section A - Description of waste**

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

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

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

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: OX13 VLD C/B Licence No.:
Expiry date:
3. Date of Collection: 15-03-19 Time of Collection:
4. Print Name: DAVE Signed:

Section D - Waiting Time

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

Section E - Details of Disposal

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

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: Tom Mc Greal on behalf of:
Date:
2. Signed: Tom Mc Greal 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.

KNOCKBAWN

No: 002157

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

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

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

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

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: OX13 VHO C/B Licence No.:
Expiry date:
3. Date of Collection: 15-03-19 Time of Collection:
4. Print Name: DACU 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: QUATTRO PARK POOL

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: Tom Mc Greal on behalf of:
Date:
2. Signed: Tom Mc Greal 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.

KNOCKBAWN

No: 002156

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

1. Description of waste being transferred (include full description)
Muckalms
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: UXBRIDGE 1. Name: KNOCKBAWN Duty of care number:
3. Print Name: Signed: Date:

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

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: UX13 VHO C/B Licence No.:
Expiry date:
3. Date of Collection: 15-03-19 Time of Collection: 12
4. Print Name: DAW Signed: [Signature]

Section D - Waiting Time

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

Section E - Details of Disposal

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

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: [Signature] on behalf of:
Date:
2. Signed: [Signature] 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.

KNOCKBAWN

No: 002155

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

1. Description of waste being transferred (include full description)
MUCKBURN
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: UXBRIDGE 1. Name: KNOCKBAWN
Duty of care number:
3. Print Name: Signed: Date:

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

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: UX15 JHO C/B Licence No.:
Expiry date:
3. Date of Collection: 15-03-19 Time of Collection:
4. Print Name: DAVIS Signed: [Signature]

Section D - Waiting Time

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

Section E - Details of Disposal

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

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: GUDER on behalf of:
Date:
2. Signed: [Signature] 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.

KNOCKBAWN

No: 002154

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

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

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

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

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: CX13 VHO C/B Licence No.: Expiry date:
3. Date of Collection: 15 03 19 Time of Collection:
4. Print Name: DADU 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: QUATTRO PARK LOGG

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: [Signature] on behalf of: Date:
2. Signed: [Signature] 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.

KNOCKBAWN

No: 002153

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

1. Description of waste being transferred (include full description)
MUCKAWAY
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: WXB RIDGES 1. Name: KNOCKBAWN Duty of care number:
3. Print Name: Signed: Date:

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

1. Name and Address of Company/Person
Knockbawn
2. Registered waste carrier
Vehicle Reg: WXB VHO C/B Licence No.:
Expiry date:
3. Date of Collection: 15-03-19 Time of Collection:
4. Print Name: DAVID Signed: 

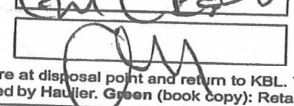
Section D - Waiting Time

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: QUINTRO PARK ROYAL

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: John O'Sullivan 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.

KNOCKBAWN

No: 002152

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

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

Waste Mountain

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

1. Name: KNOCKBAWN Duty of care number: ☐

2. Site address:

CXBRIDGE

3. Print Name: ☐ Signed: ☐ Date: ☐

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

1. Name and Address of Company/Person

Knockbawn

2. Registered waste carrier

C/B Licence No.: ☐

Vehicle Reg: WY13 VLO

Expiry date: ☐

3. Date of Collection: 15-03-19

Time of Collection: ☐

4. Print Name: DAVE

Signed: ☒

Section D - Waiting Time

1. Time on site: 7 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: QUATTRO Park Road

Section F - Person Receiving the Waste

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

Print Name: G. O'NEILL 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.

KNOCKBAWN

No: 002151

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

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

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

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

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: WX13 JHO C/B Licence No.:
Expiry date:
3. Date of Collection: 14-03-19 Time of Collection:
4. Print Name: DAVE Signed:

Section D - Waiting Time

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

Section E - Details of Disposal

1. Type of disposal site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☐ | Permit/WML No: | <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: QUINTON PARK ROAD

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: DAVE on behalf of:
Date:
2. Signed: DAVE 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.

KNOCKBAWN

No: 002150

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

1. Description of waste being transferred (include full description)
Knockbawn
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: WYBRIDGE 1. Name: Knockbawn
Duty of care number:
3. Print Name: Signed: Date:

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

1. Name and Address of Company/Person
Knockbawn
2. Registered waste carrier
Vehicle Reg: WY13 JHD C/B Licence No.:
Expiry date:
3. Date of Collection: 14-03-19 Time of Collection:
4. Print Name: DAVE Signed:

Section D - Waiting Time

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

Section E - Details of Disposal

1. Type of disposal site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☐ | Permit/WML No: | <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: QUATRO Park Royal

Section F - Person Receiving the Waste

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

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

No: 002149

Controlled Waste Transfer Note

Section A - Description of waste
1. Description of waste:

1. Description of waste being transferred (include full description)
 1m³ SM³ CONCRETE
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: 156R 1. Name: QUATRO
Duty of care number:
3. Print Name: Signed: Date:

Section C - Company/Person Transporting the Waste (Haulier)
1. Name and Address of Company/Person

- Section C - Company/Person Transporting the Waste (Haulier)
1. Name and Address of Company/Person
KNOX BROWN (OXBRIDGE)
2. Registered waste carrier
Vehicle Reg: OX13 VLD C/B Licence No.:
Expiry date:
3. Date of Collection: 14-03-19 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

- Section 2 - 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: Cheryl on behalf of: _____
Date: _____
2. Signed: [Signature] Tip Ticket No.: _____
- White copy: Signature at _____

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

KNOCKBAWN

No: 002148

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

1. Description of waste being transferred (include full description)
11th of Victoria
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

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

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

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: OX13 VHO C/B Licence No.:
Expiry date:
3. Date of Collection: 14-03-19 Time of Collection: 12
4. Print Name: DAVID Signed: [Signature]

Section D - Waiting Time

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

Section E - Details of Disposal

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

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: [Signature] on behalf of:
Date:
2. Signed: [Signature] 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.

KNOCKBAWN

No: 002147

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

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

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

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

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: OX13 VHO C/B Licence No.: Expiry date:
3. Date of Collection: 14-03-19 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: | <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: Antioch Park Farm

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: CAPORELLI on behalf of:
Date:
2. Signed: [Signature] 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.

KNOCKBAWN

No: 002146

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

1. Description of waste being transferred (include full description)
1 Load of Micronium
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: OXBRIDGE 1. Name: KNOCKBAWN
Duty of care number:
3. Print Name: Signed: Date:

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

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: OX13 VHO C/B Licence No.:
Expiry date:
3. Date of Collection: 14 03 19 Time of Collection:
4. Print Name: DAVE Signed:

Section D - Waiting Time

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

Section E - Details of Disposal

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

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: Gordon on behalf of:
Date:
2. Signed: Gordon 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.

KNOCKBAWN

No: 002145

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

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

- Site address: CX BRIDGE 1. Name: KNOCKBAWN Duty of care number:
3. Print Name: 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: CX13 UKD C/R Licence No.:
Expiry date:
3. Date of Collection: 14-03-19 Time of Collection:
4. Print Name: DAVE Signed:

Section D - Waiting Time

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

Section E - Details of Disposal

1. Type of disposal site (please tick & complete)
- | | |
|--|---|
| a. Licensed Landfill: ☐ | Permit/WML No: <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: DUNTRILLO PARK Kaysse

Section F - Person Receiving the Waste

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

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

KNOCKBAWN

No: 002144

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

1. Description of waste being transferred (include full description)
1 Unit of Machinery
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: OXBRIDGE 1. Name: Knockbawn Duty of care number:
3. Print Name: Signed: Date:

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

1. Name and Address of Company/Person
Knockbawn
2. Registered waste carrier
Vehicle Reg: OX13 JHO C/B Licence No.:
Expiry date:
3. Date of Collection: 14-03-19 Time of Collection:
4. Print Name: DAVE Signed: [Signature]

Section D - Waiting Time

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

Section E - Details of Disposal

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

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: [Signature] on behalf of:
Date:
2. Signed: [Signature] 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.

KNOCKBAWN

No: 002143

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

1. Description of waste being transferred (include full description)
1 load of Muckaway
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: OXBRIDGE 1. Name: KNOCKBAWN Duty of care number:
3. Print Name: Signed: Date:

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

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: COX13 VLO C/B Licence No.:
Expiry date:
3. Date of Collection: 13-03-19 Time of Collection:
4. Print Name: DAVE Signed:

Section D - Waiting Time

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

Section E - Details of Disposal

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

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: DAVE 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.

KNOCKBAWN

No: 002142

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

1. Description of waste being transferred (include full description)
1 load of Muckering
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: UXBRIDGE 1. Name: KNOCKBAWN
Duty of care number:
3. Print Name: Signed: Date:

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

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: WX13 VHO C/B Licence No.:
Expiry date:
3. Date of Collection: 13-03-19 Time of Collection:
4. Print Name: DAUG 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: QUATTRO Park Bay

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: [Signature] on behalf of:
Date:
2. Signed: [Signature] 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.

KNOCKBAWN

No: 002141

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

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

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

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

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: WX13 VHO C/B Licence No.:
Expiry date:
3. Date of Collection: 13-03-19 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: QUATTRO Park Royal

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
- Print Name: Tom Mc Greal on behalf of:
- Date:
2. Signed: Tom Mc Greal 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.

KNOCKBAWN

No: 002140

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

1. Description of waste being transferred (include full description)
Thick 10mm iron sheet
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: 0XBRIDG 1. Name: KNOCKBAWN
Duty of care number:
3. Print Name: Signed: Date:

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

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: 0X13VHO C/B Licence No.:
Expiry date:
3. Date of Collection: 13-03-19 Time of Collection:
4. Print Name: DAVE Signed: 

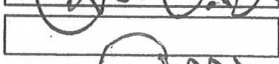
Section D - Waiting Time

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

Section E - Details of Disposal

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

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: DAVE 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.

KNOCKBAWN

No: 002139

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

1. Description of waste being transferred (include full description)
1 Load Muckaway
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: UXBRIDGE 1. Name: KNOCKBAWN Duty of care number:
3. Print Name: Signed: Date:

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

1. Name and Address of Company/Person
KNOCKBAWN
2. Registered waste carrier
Vehicle Reg: UX13 VHO C/B Licence No.:
Expiry date:
3. Date of Collection: 13-3-19 Time of Collection:
4. Print Name: DAVE Signed: 

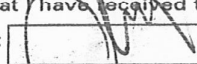
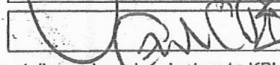
Section D - Waiting Time

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

Section E - Details of Disposal

1. Type of disposal site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☐ | Permit/WML No: | <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: WATTS PART PAPER

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.

KNOCKBAWN

No: 002137

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

1. Description of waste being transferred (include full description)
1 tonne Muck
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: OXBRIDGE 1. Name: Knockbawn Duty of care number:
3. Print Name: Signed: Date:

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

1. Name and Address of Company/Person
Knockbawn
2. Registered waste carrier
Vehicle Reg: OX13VHD C/B Licence No.:
Expiry date:
3. Date of Collection: 12.03.19 Time of Collection:
4. Print Name: DAVID 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

- 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: Centro Park Royal

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: GUCCI on behalf of:
Date:
2. Signed: [Signature] 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.

KNOCKBAWN

No: 002136

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

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

- Site address: OX13 2VH 1. Name: Knockbawn Duty of care number:
3. Print Name: Signed: Date:

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

1. Name and Address of Company/Person
Knockbawn
2. Registered waste carrier
Vehicle Reg: OX13 VHO C/B Licence No.:
Expiry date:
3. Date of Collection: 12 03 19 Time of Collection:
4. Print Name: DAVE Signed:

Section D - Waiting Time

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

Section E - Details of Disposal

- 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: QUINTON PARK LEY

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: AN CROFT on behalf of:
Date:
2. Signed: [Signature] 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 (look copy): Retain by KBL with returned white copy for 6 years.

KNOCKBAWN

No: 002135

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

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

Thames HUCKLEBURY

2. How is waste contained

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

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

Duty of care number:

3. Print Name:
- OXBELL

Signed: Date: **Section C - Company/Person Transporting the Waste (Haulier)**

1. Name and Address of Company/Person

Knockbawn

2. Registered waste carrier

C/B Licence No.: Vehicle Reg: EX13 JLCExpiry date:

3. Date of Collection:
- 12 03 19

Time of Collection:

4. Print Name:
- DAVE

Signed: **Section D - Waiting Time**

1. Time on site:
-

Time off site:

2. Waiting time total:
-

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:

QUATRO RACKLEY**Section F - Person Receiving the Waste**

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

Print Name: MICHAELon behalf of: Date:

2. Signed:
- [Signature]

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.

KNOCKBAWN**No: 002134****Controlled Waste Transfer Note****Section A - Description of waste**

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

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

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

1. Name and Address of Company/Person
Knockbawn
2. Registered waste carrier
Vehicle Reg: CX13 VHO C/B Licence No.:
Expiry date:
3. Date of Collection: 12 03 19 Time of Collection:
4. Print Name: DAVE Signed:

Section D - Waiting Time

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

Section E - Details of Disposal

1. Type of disposal site (please tick & complete)
- | | | | |
|------------------------|-------------------------------------|----------------------|----------------------|
| a. Licensed Landfill: | ☐ | Permit/WML No: | <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: QUATTRO Park Royal

Section F - Person Receiving the Waste

1. I confirm that I have received the waste as described in Section A.
Print Name: AWOBB on behalf of:
Date:
2. Signed: AWOBB Tip Ticket No.:
- White copy: Signature at disposal point and return to K&L. Yellow: Retained by disposal site/transfer facility.
Pink copy: Retained by Haulier. Green (book copy): Retain by K&L with returned white copy for 6 years.

NOTES

- THE DRAWING IS TO BE READ IN CONJUNCTION WITH ALL RELEVANT ARCHITECTURAL & STRUCTURAL DRAWINGS.
- THE DRAWING IS TO BE READ IN CONJUNCTION WITH ALL RELEVANT BUILDING SERVICES DRAWINGS & THE RELEVANT SECTIONS OF THE SPECIFICATIONS & SCHEDULES.
- THE DRAWING IS NOT TO BE SCALED.
- ALL DIMENSIONS ARE IN mm UNLESS OTHERWISE STATED.

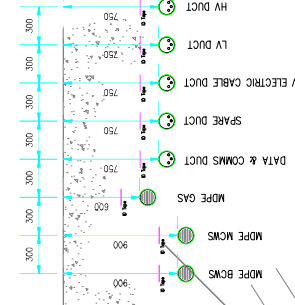


- 2 x 50mm BT ducts
- 125mm Black Rigi Duct for Electrical Supply to serve commercial unit
- 32mm MCMS MDPE Barrier Pipe utility supply
- 2 x 98mm BT ducts
- 125mm Black Rigid ducts for Electrical Supply to serve commercial unit
- 32mm MCMS MDPE Barrier Pipe utility supply
- 63mm MDPE Gas Supply
- 1 x 50mm BT ducts
- LV Cable to serve commercial unit
- 125mm Black Rigid duct for secondary supply to Life Safety Panel
- 2 x 98mm BT ducts
- 2 x 98mm for future fibre installation
- 125mm Black Rigid duct for incoming supply (Residential)
- 1 x 100mm LV Duct (For Landlord Services)
- 1 x 100mm Spare Duct (Fire Alarm/CCTV)
- 63mm MCMS MDPE Barrier Pipe enters into water storage room. Tank size to be 2mx1.5mx1.5m 3000 litre tank. For Landroom schematic refer to 18006-MB1-XX-1020

- 1 no. 1000 LV and Comms duct to serve Gate entry system
- 32mm MCMS MDPE barrier pipe utility supply
- 63mm MCMS MDPE Barrier Pipe
- 2 x 98mm BT ducts
- 125mm Black Rigid ducts for Electrical Supply to serve commercial unit
- 63mm MDPE Gas Supply
- 63mm BCMS MDPE Barrier Pipe
- 2 x 98mm BT ducts
- 125mm Black Rigid duct for Electrical Supply.
- 1 x 100mm LV Duct (For Landlord Services)
- 1 x 100mm Spare Duct (Fire Alarm/CCTV)
- 25mm BCMS MDPE Barrier Pipe
- 2 no. 98mm Fibre Optic Duct
- 2 no. 98mm Fibre Optic Duct
- 2 no. 98mm BT Ducts
- 2 x 98mm BT Ducts
- 630 BCMS MDPE Barrier Pipe to Tank Room
- 900 MDPE Gas Supply

- 63mm MDPE Gas Supply
- 63mm MCMS MDPE barrier pipe utility supply
- 2 no. 98mm BT Ducts
- 1 no. 125mm Black Rigid duct for LV Supply
- 1 no. 1000 for LV supply (Landlord)
- 1 no. 1000 Comms Duct (Fire/CCTV)
- 500 BCMS MDPE Barrier Pipe

- 2 no. 98mm Fibre Optic Duct
- 2 no. 98mm BT Ducts
- 1 no. 125mm Black Rigid duct for LV Supply
- 1 no. 1000 for LV supply (Landlord)
- 1 no. 1000 Comms Duct (Fire/CCTV)
- 500 BCMS MDPE Barrier Pipe



TYPICAL COMMON TRENCH (NTS)

REV	DATE	DESCRIPTION	BY
T5	22.03.19	FIRE OPTIC DUCT ROUTE AMENDED	SP
T5	27.03.19	FIRE OPTIC DUCT ROUTE AMENDED	SP
T4	14.02.19	INCORPORATION AND GRAB AMEND	PP
T3	06.02.19	TINER ISSUE	PP
T2	04.01.19	TINER ISSUE	PP
T1	25.01.19	TINER ISSUE	PP
P1	07.04.19	PRELIMINARY ISSUE	PP

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Client: INLAND HOMES

Project: RANDALLS UXBRIDGE

Drawing Title: COMBINED SERVICES SITE SERVICES PLAN

Drawing No:		Revision	
18006-XX-ME-DR-XX-3001		T5	
Scale:	Date:	Drawn by:	Check by:
1:150	AUG 18	AS	AS
Project:		Drawing:	
COMBINED SERVICES SITE SERVICES PLAN		T5	