

ARDEER COMPOSTING FACILITY

PRODUCER DECLARATION FORM

Please complete and fax back to 01484 534976



SECTION A – General Information			
Name and Address of Company (state if broker) Tel: _____ Fax: _____ Contact Name: Contact Email: Carrier Reg No:	Name and Address of Producer (if different) Name and Address of Haulier (if different) Carrier Reg No:		
General Description of Waste:			
Process from which waste arises including SIC Code:			
Quantity:		Frequency:	
Disposal Site if Known:			
The Waste is:	Inert / Non - Hazardous	(delete as applicable)	
Physical Nature:	Solid / Sludge / Powder	(delete as applicable)	
Odour:			
Relevant Chemical Components and Concentrations:			
Answer Yes or No in the columns below, if yes please specify including concentrations .			
<u>Components</u>	<u>Yes</u>	<u>No</u>	<u>If Yes, Specify</u>
Toxic Metals	.....	.....	.....
Oils	.....	.....	.....
Solvents	.....	.....	.....
Halogenated Solvents	.....	.....	.....
P.C.B./Dioxins	.....	.....	.....
Phenols	.....	.....	.....
Cyanide/Isocyanates	.....	.....	.....
Biocides	.....	.....	.....
Oxidising Agents	.....	.....	.....
Radioactive Materials	.....	.....	.....
Liquids	.....	.....	.....
Explosives	.....	.....	.....
Corrosive Materials	.....	.....	.....
Flammable Materials	.....	.....	.....
Hospital / Clinical Waste	.....	.....	.....
R & D Laboratory Waste	.....	.....	.....
Whole Tyres	.....	.....	.....
Asbestos	.....	.....	.....

Section B – Requirements under the Landfill Directive

EWC Code Applicable:	Hazard Codes Applicable (e.g. H7)
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Does the waste require treatment under article 6(a) of the Landfill Directive? **Yes / No**

If **No** Please provide reason for exemption

If **Yes**, please provide details of treatment in place to meet the requirements of the Environment Agency **Guidance on the waste treatment requirements of article 6 (a) of the Landfill Directive.**

Have you applied the Waste Hierarchy to this waste as per “The Waste Regulations 2011”

1. Prevention of Waste – **Yes/No**
2. Preparing for Refuse – **Yes/No**
3. Recycling – **Yes/No**
4. Recovery – **Yes/No**
5. Disposal – **Yes/No**

Sampling Plan:

1. Has the sample been taken using an approved method or plan – **Yes/No**
2. Has the sample been taken by a trained person – **Yes/No**

Section C – Requirements under the Animal By-Products Order 1992

Does the waste contain Tannery Waste	YES / NO (delete as applicable)
Does the waste contain Catering Waste	YES / NO (delete as applicable)
Does the waste contain Animal By-Products	YES / NO (delete as applicable)

DECLARATION: I/We certify that the above information and any enclosures are correct in every respect.

Customer SignedNameDate.....

Producer Signed..... Name.....Date.....

Haulier Signed.....Name.....Date.....

NPL Use:	EWC Code	Yes			No	
Signed	Banned	Yes			No	
	Treated	Yes			No	
	Accept	Yes			No	
Name		Date				