

Soils Waste Acceptance Questionnaire

General Information	Waste Producer: Please tick the box if the person completing the form: <input type="checkbox"/>				Contact Name:						
	Waste Carrier: Please tick the box if the person completing the form: <input type="checkbox"/>				Telephone No.:						
	Anticipated Volume of Waste: _____ m ³				Fax No.:						
	Indicate whether estimate for: Loose / solid / stockpile				Anticipated Date(s) of Delivery:						
Information Required for Waste Characterisation	Full Address of Source of Waste (including postcode):										
	Process from which Waste Arises:										
	Hazardous Waste Assessment (based on WM3) carried out?				Type of Waste:		Non-Hazardous <input type="checkbox"/>		Hazardous <input type="checkbox"/>		
	YES				NO						
	Description and/or composition of waste:										
	Standard Industrial Classification (SIC) Code:				41.1 Construction		41.2 Roads		43.1 Demolition & Site Preparation		
	Please circle most appropriate										
	LoW Code:		01 01 02	01 04 08	01 04 09	10 12 08	17 01 01	17 01 02	Other:		
			17 01 03	17 01 07	17 05 04	19 12 09	19 12 12	20 02 02			
	Details of existing and/or previous use of Site (if known). Identify any known previous potentially polluting uses.										
Has a Site Investigation been carried out? (If YES, attach <u>all</u> information, e.g. borehole and trial pit logs).								YES		NO	
Is waste being generated as a result of Site decontamination works?								YES		NO	
Does waste contain any biodegradable material (e.g. wood, paper, vegetation)								YES		NO	
Declaration	This section is to be signed by the Waste Producer or Carrier										
	I/we confirm that the information given above, and the chemical analysis provided with this form, are representative of the material to be delivered.										
	Name(s):					Signed:					
Waste Testing	This section is to be completed by the Waste Assessor, i.e. Genevieve Farms										
	Hazardous Waste Assessment (WM3) Required?					YES		NO			
	Accept the Waste?					YES		NO			
	Compliance Testing to be carried out?					YES		NO			
	Frequency of Compliance Testing?										
Comments:											
Signature of Waste Assessor:					Date Returned:						