## WASTE INFORMATION FORM (WIF)

REFERENCE NUMBER: HWM/

/



## 'constructing excellence through sustainable solutions

s'	Hazardous Waste Management Ltd
n completing the form	X

Waste Producer:						Contact Name: Phone Number:													
Address:							Email:												
Wests Corrige						А													
Waste Carrier:						Contact Name: Phone Number:													
Address:						Email:	umber												
						Please tick box if person completing the form													
Waste Carriers Registration No:						Anticipated Date (s) of													
Waste Carriers Expiry date:							Disposal:												
							-												
Anticipated Volume of Waste:							Standard Industrial												
							Classification (SIC) Code:												
Full Address of Sour	ce						Process from which												
of Waste:							waste arises:												
Type of Waste:		Inert:		X Non H						Hazardous:	Х								
EWC Code:	170	101	1701	02	1701	.03	170107		170302	170503	170504								
170505		70506		70507		170508		1902		190204	200202								
				/030/		170500	,	1702	55	190201	200202								
Full Waste Description & Composition: (As detailed as possible)																			
Details of Existing and/or Previous use of site:																			
How was the waste	prod	uced:		I															
What does it look lik	e:																		
Does it have any odo	ours:	YES/NO	) I	f yes, ple	ase spe	ecify:			•										
				e materia	al:						Does it have any odours:YES/NOIf yes, please specify:Does the waste contain any biodegradable material:YES/NO								
<b>Does this waste contain any invasive weeds of any kind</b> e.g. Japanese Knotweed, Ragwort, Hogweed: YES/NO																			
						<b>nd</b> e.g. Jap	oanese Kn	otwee	d, Ragwort,	Hogweed:	•								
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