



# CHURNGOLD



## RECYCLING LTD

UNIT 1, SEVERN VIEW INDUSTRIAL PARK  
CENTRAL AVENUE, HALLEN,  
BRISTOL BS10 7SD  
TEL: 0117 982 1242 FAX: 0117 982 1243  
VAT Reg. No. GB810 8854 28

Registered Waste Carrier CB/YN5318UJ  
(Issued by Avon County Council)

TKT. No: CT 433424

Customer / Producer Vertase FLI SIC Code 45.111

Address Heyford PARK GATE 7 Date 20.2.2012

camp RD, upper Heyford Time .....

Bicester, OXON, OX255HA DAYWORK ☐ NIGHTWORK ☐

Vehicle Reg WV11 V5X LOADWORK ☒

Vehicle Owner Gold Waiting Time .....

Driver's Signature [Signature] Print Name S. DREW

LORRY CAPACITY GRAB ☐ 6 WHEEL ☐ 8 WHEEL ☒ (TICK ONE)

### AGGREGATE DETAILS

GROSS .....  
TARE .....  
NET .....  
W/BRIDGE No. ....

### MATERIAL TYPE

### MUCK AWAY DETAILS DESCRIPTION OF LOAD (TICK OFF)

TOP SOIL ☐ SUB SOIL ☒ HARD CORE ☐  
17 05 04 17 05 04 17 01 07  
NON-HAZARDOUS WASTE 17 05 04 ☐  
OTHERS (describe) ☒ contaminated soil  
SUPPLY ☐ REMOVAL ☒

### TIP NAME

Hallen

Please confirm that all measures have been taken that are reasonable to ensure that the waste hierarchy as specified in regulations 12 of the waste (England & Wales) regulations 2011 has been followed Yes No

Customer's Signature [Signature] Print Name M. J. PARRY

TRANSFER FROM CHURNGOLD TO DISPOSAL SITE OPERATOR

Name and Address of Operator .....

Operator Licence No ..... Issued By ..... Date of Transfer .....

The undersigned confirms that the details given are correct and the person signing on behalf of the Operator has read the conditions on the reverse.

Signed for Operator ..... Signed for Churngold .....



# CHURN GOLD RECYCLING LTD

The Hazardous Waste Regulations 2005: Consignment Note

## PART A Notification details

1 Consignment note code: **NXS924/00001**

2 The waste described below is to be removed from (name, address, postcode, telephone, e-mail, facsimile):

**C/O VERTASE FLI  
HEYFORD PARK, GATE 7  
CAMP ROAD, UPPER HEYFORD  
BICESTER, OXON  
OX25 5HA**

3 Premises code (where applicable): **NXS924**

4 The Waste will be taken to (name, address and postcode):

**CHURN GOLD RECYCLING LTD  
UNIT 1, SEVERN VIEW TRADING PARK,  
CENTRAL AVENUE, HALLEN  
BRISTOL BS10 7SD.**

5 The waste producer was (if different from 2) (name, address, postcode, telephone, e-mail, facsimile):

**AS POS 2.**

## PART B Description of the waste

If continuation sheet used, tick here ☐

1 The process giving rise to the waste(s) was: **EXCAVATION**

2 SIC for the process giving rise to the waste: **45.111**

3 WASTE DETAILS (where more than one waste type is collected all of the information given below must be completed for each EWC identified)

Description of waste	List of wastes (EWC code)(6 digits)	Quantity (kg)	The chemical/biological components of the waste and their concentrations are:		Physical form (gas, liquid, solid, powder, sludge or mixed)	Hazard code(s)	Container type, number and size
			Component	Concentration (% or mg/kg)			
<b>CONTAMINATED SOIL</b>	<b>170503</b>	<b>2000 KG</b>	<b>TPH 70.1</b>	<b>70.1%</b>	<b>SOLID</b>	<b>H7</b>	<b>TIPPER</b>

The information given below is to be completed for each EWC identified

EWC code	Packing group(s)	UN identification number(s)	Proper shipping name(s)	UN class(es)	Special handling requirements

## PART C Carrier's certificate

(If more than one carrier is used, please attach schedule for subsequent carriers. If a schedule of carriers is attached tick here. ☐)

I certify that today I collected the consignment and that the details in A2, A4 and B3 are correct and I have been advised of any specific handling requirements.

1 Carrier name: **JASON DREW**

On behalf of (name, address, postcode, telephone, e-mail, facsimile):

**CHURN GOLD RECYCLING, UNIT 1, SEVERN VIEW  
TRADING PARK, CENTRAL AVE, HALLEN,  
BRISTOL, BS10 7SD.**

2 Carrier registration no./reason for exemption:

**CD/UN5345**

3 Vehicle registration no. (or mode of transport, if not road):

**WV11 V5X**

Signature: 

Date **20022012** Time **1330**

## PART D Consignor's certificate

I certify that the information in A, B and C above is correct, that the carrier is registered or exempt and was advised of the appropriate precautionary measures. All of the waste is packaged and labelled correctly and the carrier has been advised of any special handling requirements.

I confirm that I have fulfilled my duty to apply the waste hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011

1 Consignor name: **MJS PARRY**

On behalf of (name, address, postcode, telephone, e-mail, facsimile):

**VERTASE FLI (AS(2) ABOVE).**

Signature: 

Date **20022012** Time **1330**

## PART E Consignee's certificate (where more than one waste type is collected all of the information given below must be completed for each EWC)

Individual EWC code(s) received	Quantity of each EWC code received (kg)	EWC code accepted / rejected	Waste management operation (R or D code)

1 I received this waste at the address given in A4 on: Date **20022012** Time **1330**

2 Vehicle registration no. (or mode of transport, if not road):

Name:

On behalf of (name, address, postcode, telephone, e-mail, facsimile):

3 Where waste is rejected please provide details:

I certify that waste management license/permit/authorised exemption no(s).

**authorises the management of the waste described in B at the address given in A4.**

Signature

Date **20022012** Time **1330**



PRODUCER'S / HOLDERS / CONSIGNOR'S COPY (Delete as appropriate)





# CHURNGOLD



## RECYCLING LTD

UNIT 1, SEVERN VIEW INDUSTRIAL PARK  
CENTRAL AVENUE, HALLEN,  
BRISTOL BS10 7SD  
TEL: 0117 982 1242 FAX: 0117 982 1243  
VAT Reg. No. GB810 8854 28

Registered Waste Carrier CB/YN5318UJ  
(Issued by Avon County Council)

TKT. No: CT 433425

Customer / Producer Vertase FLI SIC Code 45.11.1

Address Heyford PARK GATE 7 Date 21.2.2012

Camp RD, upper Heyford Time .....

Bicester, OXON, OX255HA DAYWORK ☐ NIGHTWORK ☐

Vehicle Reg WV11 VJX LOADWORK ☒

Vehicle Owner CLGOW Waiting Time .....

Driver's Signature [Signature] Print Name J. DEED

LORRY CAPACITY GRAB ☐ 6 WHEEL ☐ 8 WHEEL ☒ (TICK ONE)

### AGGREGATE DETAILS

GROSS .....  
TARE .....  
NET .....  
W/BRIDGE No. ....

### MATERIAL TYPE

### MUCK AWAY DETAILS DESCRIPTION OF LOAD (TICK OFF)

TOP SOIL ☐ SUB SOIL ☒ HARD CORE ☐  
17 05 04 17 05 04 17 01 07  
NON-HAZARDOUS WASTE 17 05 04 ☐  
OTHERS (describe) ☒ contaminated soil  
SUPPLY ☐ REMOVAL ☒

### TIP NAME

Hallen

Please confirm that all measures have been taken that are reasonable to ensure that the waste hierarchy as specified in regulations 12 of the waste (England & Wales) regulations 2011 has been followed ☒ Yes / No

Customer's Signature [Signature] Print Name M. PARRY

TRANSFER FROM CHURNGOLD TO DISPOSAL SITE OPERATOR

Name and Address of Operator .....

Operator Licence No ..... Issued By ..... Date of Transfer .....

The undersigned confirms that the details given are correct and the person signing on behalf of the Operator has read the conditions on the reverse.

Signed for Operator ..... Signed for Churngold .....

# CHURNGOLD RECYCLING LTD

## The Hazardous Waste Regulations 2005: Consignment Note

### PART A Notification details

1 Consignment note code: **NX5924/00002**

2 The waste described below is to be removed from (name, address, postcode, telephone, e-mail, facsimile): **VERTASE**

**GATE 7, HAYFORD PARK**

**Hayford**

**Oxford**

**OX25 5HA**

3 Premises code (where applicable): **NX5924**

4. The Waste will be taken to (name, address and postcode):

**CHURNGOLD RECYCLING LIMITED  
CHURNGOLD RECYCLING YARD  
UNIT 1, SEVERN VIEW INDUSTRIAL PARK  
HALLEN, BRISTOL, BS10 7SD**

5. The waste producer was (if different from 2) (name, address, postcode, telephone, e-mail, facsimile):

### PART B Description of the waste

If continuation sheet used, tick here ☐

1 The process giving rise to the waste(s) was:

2 SIC for the process giving rise to the waste: **45.111**

3 WASTE DETAILS (where more than one waste type is collected all of the information given below must be completed for each EWC identified)

Description of waste	List of wastes (EWC code)(6 digits)	Quantity (kg)	The chemical/biological components of the waste and their concentrations are:		Physical form (gas, liquid, solid, powder, sludge or mixed)	Hazard code(s)	Container type, number and size
			Component	Concentration (% or mg/kg)			
<b>Contaminated Soil</b>	<b>170503</b>	<b>2000 kg</b>	<b>TPH 70.1%</b>		<b>Solid</b>	<b>H7</b>	<b>Tipper</b>

The information given below is to be completed for each EWC identified

EWC code	Packing group(s)	UN identification number(s)	Proper shipping name(s)	UN class(es)	Special handling requirements

### PART C Carrier's certificate

(If more than one carrier is used, please attach schedule for subsequent carriers. If a schedule of carriers is attached tick here. ☐)

I certify that today I collected the consignment and that the details in A2, A4 and B3 are correct and I have been advised of any specific handling requirements.

1 Carrier name: **SASON DREW**

On behalf of (name, address, postcode, telephone, e-mail, facsimile):

**CHURNGOLD RECYCLING LIMITED  
CHURNGOLD RECYCLING YARD  
UNIT 1, SEVERN VIEW INDUSTRIAL PARK  
HALLEN, BRISTOL, BS10 7SD**

2 Carrier registration no./reason for exemption:

3 Vehicle registration no. (or mode of transport, if not road):

**CB/M531845  
WVVUSX**

Signature: 

Date **21022012** Time **1245**

### PART D Consignor's certificate

I certify that the information in A, B and C above is correct, that the carrier is registered or exempt and was advised of the appropriate precautionary measures. All of the waste is packaged and labelled correctly and the carrier has been advised of any special handling requirements.

I confirm that I have fulfilled my duty to apply the waste hierarchy as required by Regulation 12 of the Waste (England & Wales) Regulations 2011

1 Consignor name: **M. J. PARRY.**

On behalf of (name, address, postcode, telephone, e-mail, facsimile):

**AS ABOVE PART A2**

Signature: 

Date **21022012** Time **1245**

### PART E Consignee's certificate (where more than one waste type is collected all of the information given below must be completed for each EWC)

Individual EWC code(s) received	Quantity of each EWC code received (kg)	EWC code accepted / rejected	Waste management operation (R or D code)

1 I received this waste at the address given in A4 on: Date **21022012** Time **1245**

2 Vehicle registration no. (or mode of transport, if not road):

Name:

On behalf of (name, address, postcode, telephone, e-mail, facsimile):

3 Where waste is rejected please provide details:

I certify that waste management license/permit/authorised exemption no(s).

**authorises the management of the waste described in B at the address given in A4.**

Signature

Date **21022012** Time **1245**



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