

## Part A: Notification Details

### The Hazardous Waste Regulations 2005 Consignment Note

Consignment no: LANTER12836

Consignment type: Hazardous

Reference no:

enva

The waste below is to be removed from: Lantern Recovery Specialist PLC  
Producer address: South Mims Service Area St. Albans Road Herts EN6 3NG  
Contact details:  
Lantern Recovery Specialist PLC - 1707654465  
lisag@lrs.uk.com; charles@lrs.uk.com

The waste will be taken to: Associated Reclaimed Oils Limited  
Disposal point address: Associated Reclaimed Oils Limited 165 Tunnel Avenue  
Greenwich London SE10 0PW  
Contact details:  
Sam Wells 0208 853 0849  
sam@reclaimedoils.com

The waste producer was if different: TEMPLATE18 YNU  
Producer address if different:  
Contact details - info@reclaimedoils.com

## Part C: Carriers Certificate

Third party consignment note code  
Collection date: August 07, 2021  
Single/multiple collection: Multiple  
Collection number: 1  
Round number:

Vehicle registration or non-mode of transport:  
Trailer registration:  
Carrier name: Jefferson Watkins  
Carrier address:  
Associated Reclaimed Oils Limited 165 Tunnel Avenue Greenwich London SE10 0PW  
Carrier registration no/exemption for exemption: CB085735

Carriers Signature - 17/08/2021 10:29

## Part D: Consignor's Certificate

Consignor Name: Jeff  
On behalf of: Lantern Recovery Specialist PLC  
Consignor address:  
South Mims Service Area St. Albans Road Herts EN6 3NG

I certify that the information in A, B and C has been completed and 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 and Wales) Regulations 2011.  
I certify that should this consignment represent the collection of waste oil, it will not contain any Petrol - Diesel (Petroleum) with a flash point below 60 °C. I certify that the waste represented within this consignment is duty paid. (All hazardous waste streams detailed in this consignment are preceded by a (\*) as per their European Waste Catalogue entry)

Customer Signature - 17/08/2021 10:29

## Part E: Consignee Certificate

Weightbridge Information  
Ticket Number:

Gross Weight: 0

Tare Weight: 0

Net Weight: 0

Consignee Name:  
Consignee address: Associated Reclaimed Oils Limited  
Associated Reclaimed Oils Limited 165 Tunnel Avenue Greenwich London SE10 0PW

Where The Consignment Forms Part Of A Multiple Collection, As Identified In Part C, I Certify That The Total Number Of Consignments Forming The Collection Are: 04  
I certify that waste permit/exempt waste operation number EPRWF3930UD authorises the management of the waste described in B at the address given in Part A.

Disposal Signature -

Vehicle Registration (or non-mode of transport):

Disposal Signature Date -

Part B: Description Of The Waste

Process giving rise to waste Maintenance and repair of motor vehicles

SIC Code: 45200

1 Description: Waste Lubricating Oil

EWC: 13 02 05	UN ID: n/a	UN Class: n/a	Packing Group: n/a	Waste QTY (kg): 5500.00	Physical: Liquid	Haz: HP7/HP14
Special handling: PPE	Shipping: Mineral Based Non Chlorinated I	Container Types: Bulk	Container(s):	Unit Weight:		
Component: Oil				Concentration: 1%		

Part E: Consignee Certificate - Extended Waste List

Note number: LANTER12836

Note type:  
Hazardous

Job reference:

	BWC Code	Finished Qty (kg)	R or D Code	Accepted
1	13 02 05	5500.00	R13	<input checked="" type="checkbox"/> Accepted



PENTCOURT LIMITED T/A

# LANTERN SERVICES

Swanland Road  
South Mimms Service Area  
Potters Bar  
Herts • EN6 3NQ  
Telephone 01707 654465  
Fax 01707 656700

## Conveyance Note

FORM A  
VOLUME

No 69850

Weights & Measures Act 1985 Schedule 4 paragraph 7

Waste Licence No. CBDU195088

Loaded at STONEH CASTLE RANGE CHANGE ROAD, AIRBRIGHT CAMP GUZARD		Date of leaving place of loading 24/7/2021																
Customer LANTERN RECOVERY SPECIALISTS PLC																		
Delivery address SOUTH MIMMS DEPOT SWANLAND ROAD EN6 3NQ																		
Time arrived on site	Time left site	Waiting time																
Name of person in vehicle MO		Registered No. of vehicle BV21 TZR																
Cubic Metres	Description of material WASTE OILS AND VEHICLE	<table border="0"><tr><td><input type="checkbox"/> 17-01-01 Concrete</td><td><input type="checkbox"/> 17-05-04 Soil - Stones</td></tr><tr><td><input type="checkbox"/> 17-01-02 Bricks</td><td><input type="checkbox"/> 17-06-04 Insulation</td></tr><tr><td><input type="checkbox"/> 17-01-07 Mixture of concrete, bricks, tiles and ceramics</td><td><input type="checkbox"/> 17-08-02 Plasterboard</td></tr><tr><td><input type="checkbox"/> 17-01-07 Timber</td><td><input type="checkbox"/> 17-09-04 Mixed construction waste</td></tr><tr><td><input type="checkbox"/> 17-03-01 Tarmac container coal tar</td><td><input type="checkbox"/> 20-01-01 Paper and cardboard</td></tr><tr><td><input type="checkbox"/> 17-03-02 Tarmac</td><td><input type="checkbox"/> 20-03-01 Mixed municipal waste</td></tr><tr><td><input type="checkbox"/> 17-04-07 Mixed metals</td><td><input type="checkbox"/> 20-03-03 Road sweeper waste</td></tr><tr><td></td><td><input checked="" type="checkbox"/> Other</td></tr></table> <p>By signing below I confirm that I have fulfilled my duty to apply the waste hierarchy as required by regulation 12 of the waste (England &amp; Wales) regulations 2011.</p>	<input type="checkbox"/> 17-01-01 Concrete	<input type="checkbox"/> 17-05-04 Soil - Stones	<input type="checkbox"/> 17-01-02 Bricks	<input type="checkbox"/> 17-06-04 Insulation	<input type="checkbox"/> 17-01-07 Mixture of concrete, bricks, tiles and ceramics	<input type="checkbox"/> 17-08-02 Plasterboard	<input type="checkbox"/> 17-01-07 Timber	<input type="checkbox"/> 17-09-04 Mixed construction waste	<input type="checkbox"/> 17-03-01 Tarmac container coal tar	<input type="checkbox"/> 20-01-01 Paper and cardboard	<input type="checkbox"/> 17-03-02 Tarmac	<input type="checkbox"/> 20-03-01 Mixed municipal waste	<input type="checkbox"/> 17-04-07 Mixed metals	<input type="checkbox"/> 20-03-03 Road sweeper waste		<input checked="" type="checkbox"/> Other
<input type="checkbox"/> 17-01-01 Concrete	<input type="checkbox"/> 17-05-04 Soil - Stones																	
<input type="checkbox"/> 17-01-02 Bricks	<input type="checkbox"/> 17-06-04 Insulation																	
<input type="checkbox"/> 17-01-07 Mixture of concrete, bricks, tiles and ceramics	<input type="checkbox"/> 17-08-02 Plasterboard																	
<input type="checkbox"/> 17-01-07 Timber	<input type="checkbox"/> 17-09-04 Mixed construction waste																	
<input type="checkbox"/> 17-03-01 Tarmac container coal tar	<input type="checkbox"/> 20-01-01 Paper and cardboard																	
<input type="checkbox"/> 17-03-02 Tarmac	<input type="checkbox"/> 20-03-01 Mixed municipal waste																	
<input type="checkbox"/> 17-04-07 Mixed metals	<input type="checkbox"/> 20-03-03 Road sweeper waste																	
	<input checked="" type="checkbox"/> Other																	
<p><b>Please Note:</b> To Customers, Authorised Agents, Representatives or Responsible Persons signing this Delivery Ticket. This is in your interest - please read this ticket carefully, and inspect material, agreeing quantity, quality and that everything is to your satisfaction, before finally signing this receipt note. We regret we cannot under any circumstances entertain any claims concerning quantity or quality, once the vehicle has left the site, and clear signature has been given.</p> <p>Received by _____ Print Name _____</p>																		

Certified that the above particulars are true and relate to the sand or ballast being conveyed in the vehicle described, which sand or ballast is being so conveyed in pursuance of a sale or an agreement for the sale thereof made by volume.

Signed for and on behalf of the seller

Date 24/7/21

**CUSTOMERS ORDERING VEHICLES OFF THE PUBLIC ROAD DO SO ENTIRELY AT THEIR OWN RESPONSIBILITY.**

*We cannot accept responsibility for damage caused by our vehicles while delivering to your site.*

**We reserve the right to return/collect any materials if payment is not met.**

**www.lanternservices.co.uk**

THIS TRANSFER NOTE FORMS PART OF YOUR 'DUTY OF CARE' FOR THE ENVIRONMENTAL PROTECTION ACT, 1991  
PLEASE TAKE CARE TO ENSURE THAT THE INFORMATION GIVEN IS CORRECT

DATE: 28/7/21		CUSTOMER: CLEAR WASTE RECYCLING	
CUSTOMER ADDRESS: STONEY CASTLE RANGE WOKING		CUSTOMER IS: Waste Producer <input type="checkbox"/> Waste Importer <input type="checkbox"/> Waste Disposal/Tip Site <input type="checkbox"/> Purchasing a Product & or Haulage <input type="checkbox"/>	
DESCRIPTION OF MATERIAL: MIXED WASTE	WEIGHT TONNES		HOW CONTAINED? 40yd
	GROSS WEIGHT		
	TARE WEIGHT		
	NET WEIGHT		
EWC: (If applicable) 20 03 01			
CARRIER NAME AND ADDRESS: RON SMITH RECYCLING LTD (ADDRESS AS ABOVE)			
REGISTERED CARRIER <input checked="" type="checkbox"/>		REGISTERED BY:	
REGISTRATION NO: CBDU114502		ENVIRONMENT AGENCY	
DAYWORK Time arrived on Site ..... Time left Site ..... Hours on Site ..... LESS Breaks ..... ADD Travelling Time to and From Site ..... Total Hours .....		SIGNED BY DRIVER (Carrier) [Signature] VEHICLE REG NO: D14 ULS SIC CODE: 3840 'I CONFIRM THAT THE WASTE HIERARCHY OF OPTIONS HAS BEEN APPLIED' <input checked="" type="checkbox"/>	
NAME & ADDRESS OF TIP/TRANSFER POINT: RON SMITH REC JULY 2021		TRANSFER DATE:	
		TRANSFER TIME:	
		SITE LICENCE No:	
SIGNED BY TIP OPERATOR:		SIGNED BY PRODUCER:	

THIS TRANSFER NOTE FORMS PART OF YOUR 'DUTY OF CARE' FOR THE ENVIRONMENTAL PROTECTION ACT, 1991  
PLEASE TAKE CARE TO ENSURE THAT THE INFORMATION GIVEN IS CORRECT

DATE:		CUSTOMER: <b>CLEAR WASTE RECYCLING</b>			
CUSTOMER ADDRESS: <b>STONE CASTLE RANGE WORKING</b>			CUSTOMER IS: Waste Producer <input type="checkbox"/> Waste Importer <input type="checkbox"/> Waste Disposal/Tip Site <input type="checkbox"/> Purchasing a Product & or Haulage <input type="checkbox"/>		
DESCRIPTION OF MATERIAL: <b>MIXED WASTE</b>		WEIGHT TONNES		HOW CONTAINED?	
		GROSS WEIGHT		<b>40yd</b>	
		TARE WEIGHT			
		NET WEIGHT			
EWC: (if applicable) <b>20 03 01</b>					
CARRIER NAME AND ADDRESS: RON SMITH RECYCLING LTD (ADDRESS AS ABOVE)					
REGISTERED CARRIER <input checked="" type="checkbox"/>		REGISTERED BY:			
REGISTRATION NO:		<b>CBDU114502</b>		ENVIRONMENT AGENCY	
DAYWORK Time arrived on Site ..... Time left Site ..... Hours on Site ..... LESS Breaks ..... ADD Travelling Time to and From Site ..... Total Hours .....		SIGNED BY DRIVER(Carrler): <b>WSP</b> VEHICLE REG NO: <b>D14 URS</b> SIC CODE: <b>3842</b> 'I CONFIRM THAT THE WASTE HIERARCHY OF OPTIONS HAS BEEN APPLIED' <input checked="" type="checkbox"/>			
NAME & ADDRESS OF TIP/TRANSFER POINT: <b>Ron Smith Recycling Feltham</b>		TRANSFER DATE:			
		TRANSFER TIME:			
		SITE LICENCE No:			
SIGNED BY TIP OPERATOR:		SIGNED BY PRODUCER:			

The Company will not be responsible in any circumstances for damage to private property by our vehicles when delivering materials off the Public Road to customers instruction

**WHITE CUSTOMER / PINK TIP / GREEN ACCOUNTS / YELLOW OFFICE**

THIS TRANSFER NOTE FORMS PART OF YOUR 'DUTY OF CARE' FOR THE ENVIRONMENTAL PROTECTION ACT, 1991  
PLEASE TAKE CARE TO ENSURE THAT THE INFORMATION GIVEN IS CORRECT

DATE: 29/7/21		CUSTOMER: CLEAR WASTE RECYCLING	
CUSTOMER ADDRESS: STONEY CASTLE RANGE WORKING		CUSTOMER IS: Waste Producer <input type="checkbox"/> Waste Importer <input type="checkbox"/> Waste Disposal/Tip Site <input type="checkbox"/> Purchasing a Product & or Haulage <input type="checkbox"/>	
DESCRIPTION OF MATERIAL: RECYCLED WASTE	WEIGHT	TONNES	HOW CONTAINED? 40 yd
	GROSS WEIGHT		
	TARE WEIGHT		
	NET WEIGHT		
EWC: (If applicable) 20-03-01			
CARRIER NAME AND ADDRESS: RON SMITH RECYCLING LTD (ADDRESS AS ABOVE)			
REGISTERED CARRIER <input checked="" type="checkbox"/>		REGISTERED BY:	
REGISTRATION NO: CBDU114502		ENVIRONMENT AGENCY	
DAYWORK Time arrived on Site ..... Time left Site ..... Hours on Site ..... LESS Breaks ..... ADD Travelling Time to and From Site ..... Total Hours .....	SIGNED BY DRIVER(Carrler): [Signature] VEHICLE REG NO: D14 CRS SIC CODE: 3810 'I CONFIRM THAT THE WASTE HIERARCHY OF OPTIONS HAS BEEN APPLIED' <input checked="" type="checkbox"/>		
NAME & ADDRESS OF TIP/TRANSFER POINT: RON SMITH REC. TW14 0HH	TRANSFER DATE:		
	TRANSFER TIME:		
	SITE LICENCE No:		
SIGNED BY TIP OPERATOR:		SIGNED BY PRODUCER:	

THIS TRANSFER NOTE FORMS PART OF YOUR 'DUTY OF CARE' FOR THE ENVIRONMENTAL PROTECTION ACT, 1991  
PLEASE TAKE CARE TO ENSURE THAT THE INFORMATION GIVEN IS CORRECT

DATE: 28/07/21		CUSTOMER: CLEAR WASTE Recycling	
CUSTOMER ADDRESS: Stone Castle Ranges.		CUSTOMER IS: Waste Producer <input type="checkbox"/> Waste Importer <input type="checkbox"/> Waste Disposal/Tip Site <input type="checkbox"/> Purchasing a Product & or Haulage <input type="checkbox"/>	
DESCRIPTION OF MATERIAL: mixed Rubbish	WEIGHT TONNES		HOW CONTAINED? 40 YD
	GROSS WEIGHT		
	TARE WEIGHT		
	NET WEIGHT		
EWC: (If applicable) 20 03 01			
CARRIER NAME AND ADDRESS: RON SMITH RECYCLING LTD (ADDRESS AS ABOVE)			
REGISTERED CARRIER <input checked="" type="checkbox"/>		REGISTERED BY:	
REGISTRATION NO: CBDU114502		ENVIRONMENT AGENCY	
DAYWORK		SIGNED BY DRIVER(Carrler): [Signature]	
Time arrived on Site .....		VEHICLE REG NO: AB16 ARL	
Time left Site .....		SIC CODE: 38110	
Hours on Site .....		'I CONFIRM THAT THE WASTE HIERARCHY OF OPTIONS HAS BEEN APPLIED' <input checked="" type="checkbox"/>	
LESS Breaks .....			
ADD Travelling Time to and From Site .....			
Total Hours .....			
NAME & ADDRESS OF TIP/TRANSFER POINT: Ron Smith Recycling		TRANSFER DATE:	
		TRANSFER TIME:	
		SITE LICENCE No:	
SIGNED BY TIP OPERATOR: [Signature]		SIGNED BY PRODUCER: [Signature]	

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**WHITE CUSTOMER / PINK TIP / GREEN ACCOUNTS / YELLOW OFFICE**

THIS TRANSFER NOTE FORMS PART OF YOUR 'DUTY OF CARE' FOR THE ENVIRONMENTAL PROTECTION ACT, 1991  
PLEASE TAKE CARE TO ENSURE THAT THE INFORMATION GIVEN IS CORRECT

DATE: 29/07/21		CUSTOMER: CLEAR WASTE RECYCLING	
CUSTOMER ADDRESS: Stoney Castle Range		CUSTOMER IS: Waste Producer <input type="checkbox"/> Waste Importer <input type="checkbox"/> Waste Disposal/Tip Site <input type="checkbox"/> Purchasing a Product & or Haulage <input type="checkbox"/>	
DESCRIPTION OF MATERIAL: mixed Rubbish	WEIGHT	TONNES	HOW CONTAINED?  40 YD
	GROSS WEIGHT		
	TARE WEIGHT		
NET WEIGHT			
EWC: (If applicable) 20-03-01			
CARRIER NAME AND ADDRESS: RON SMITH RECYCLING LTD (ADDRESS AS ABOVE)			
REGISTERED CARRIER <input checked="" type="checkbox"/>		REGISTERED BY:	
REGISTRATION NO:		CBDU114502	
		ENVIRONMENT AGENCY	
DAYWORK Time arrived on Site ..... Time left Site ..... Hours on Site ..... LESS Breaks ..... ADD Travelling Time to and From Site ..... Total Hours .....		SIGNED BY DRIVER(Carrler): NP VEHICLE REG NO: AB16 ARL SIC CODE: 3810 'I CONFIRM THAT THE WASTE HIERARCHY OF OPTIONS HAS BEEN APPLIED' <input checked="" type="checkbox"/>	
NAME & ADDRESS OF TIP/TRANSFER POINT: Ron Smith Recycling		TRANSFER DATE: TRANSFER TIME: SITE LICENCE No:	
SIGNED BY TIP/OPERATOR:		SIGNED BY PRODUCER:	

The Company will not be responsible in any circumstances for damage to private property by our vehicles when delivering materials off the Public Road to customers instruction

**WHITE CUSTOMER / PINK TIP / GREEN ACCOUNTS / YELLOW OFFICE**



THIS TRANSFER NOTE FORMS PART OF YOUR 'DUTY OF CARE' FOR THE ENVIRONMENTAL PROTECTION ACT, 1991  
PLEASE TAKE CARE TO ENSURE THAT THE INFORMATION GIVEN IS CORRECT

DATE: 29/7/12		CUSTOMER: CLEAR WASTE RECYCLING	
CUSTOMER ADDRESS: STONEH CASTLE DANCE WORKING		CUSTOMER IS: Waste Producer <input type="checkbox"/> Waste Importer <input type="checkbox"/> Waste Disposal/Tip Site <input type="checkbox"/> Purchasing a Product & or Haulage <input type="checkbox"/>	
DESCRIPTION OF MATERIAL: mixed WASTE	WEIGHT	TONNES	HOW CONTAINED?  40 yds
	GROSS WEIGHT		
	TARE WEIGHT		
EWC: (If applicable) 20-03-01		NET WEIGHT	
CARRIER NAME AND ADDRESS: RON SMITH RECYCLING LTD (ADDRESS AS ABOVE)		REGISTERED CARRIER <input checked="" type="checkbox"/>	REGISTERED BY:
		REGISTRATION NO: CBDU114502	ENVIRONMENT AGENCY
DAYWORK Time arrived on Site ..... Time left Site ..... Hours on Site ..... LESS Breaks ..... ADD Travelling Time to and From Site ..... Total Hours .....	SIGNED BY DRIVER (Carrier) <i>MP</i> VEHICLE REG NO: D14 LRS SIC CODE: 3410 'I CONFIRM THAT THE WASTE HIERARCHY OF OPTIONS HAS BEEN APPLIED' <input checked="" type="checkbox"/>		
NAME & ADDRESS OF TIP/TRANSFER POINT: Ron Smith Rec - JW14 0HH	TRANSFER DATE:		
	TRANSFER TIME:		
	SITE LICENCE No:		
SIGNED BY TIP OPERATOR:		SIGNED BY PRODUCER:	

THIS TRANSFER NOTE FORMS PART OF YOUR 'DUTY OF CARE' FOR THE ENVIRONMENTAL PROTECTION ACT, 1991  
PLEASE TAKE CARE TO ENSURE THAT THE INFORMATION GIVEN IS CORRECT

DATE: 20/07/21		CUSTOMER: CLEAR WASTE Recycling	
CUSTOMER ADDRESS: Stone Castle Range		CUSTOMER IS: Waste Producer <input type="checkbox"/> Waste Importer <input type="checkbox"/> Waste Disposal/Tip Site <input type="checkbox"/> Purchasing a Product & or Haulage <input type="checkbox"/>	
DESCRIPTION OF MATERIAL: mixed WASTE	WEIGHT TONNES		HOW CONTAINED?  40YD
	GROSS WEIGHT		
	TARE WEIGHT		
	NET WEIGHT		
EWC: (If applicable) 20-03-01			
CARRIER NAME AND ADDRESS: RON SMITH RECYCLING LTD (ADDRESS AS ABOVE)			
REGISTERED CARRIER <input checked="" type="checkbox"/>		REGISTERED BY:	
REGISTRATION NO: CBDU114502		ENVIRONMENT AGENCY	
DAYWORK		SIGNED BY DRIVER(Carrler): [Signature]	
Time arrived on Site .....		VEHICLE REG NO: D14L PS	
Time left Site .....		SIC CODE: 3810	
Hours on Site .....		'I CONFIRM THAT THE WASTE HIERARCHY OF OPTIONS HAS BEEN APPLIED' <input checked="" type="checkbox"/>	
LESS Breaks .....			
ADD Travelling Time to and From Site .....			
Total Hours .....			
NAME & ADDRESS OF TIP/TRANSFER POINT: Ron Smith Recycling		TRANSFER DATE:	
		TRANSFER TIME:	
		SITE LICENCE No:	
SIGNED BY TIP OPERATOR: [Signature]		SIGNED BY PRODUCER: [Signature]	

THIS TRANSFER NOTE FORMS PART OF YOUR 'DUTY OF CARE' FOR THE ENVIRONMENTAL PROTECTION ACT, 1991  
PLEASE TAKE CARE TO ENSURE THAT THE INFORMATION GIVEN IS CORRECT

DATE: 22/07/21		CUSTOMER: CLEAR WASTE RECYCLING	
CUSTOMER ADDRESS: Slonev castle Range		CUSTOMER IS: Waste Producer <input type="checkbox"/> Waste Importer <input type="checkbox"/> Waste Disposal/Tip Site <input type="checkbox"/> Purchasing a Product & or Haulage <input type="checkbox"/>	
DESCRIPTION OF MATERIAL: mixed rubbish	WEIGHT TONNES		HOW CONTAINED?  40 YD
	GROSS WEIGHT		
	TARE WEIGHT		
	NET WEIGHT		
EWC: (If applicable) 20 03 01			
CARRIER NAME AND ADDRESS: RON SMITH RECYCLING LTD : (ADDRESS AS ABOVE)			
REGISTERED CARRIER <input checked="" type="checkbox"/>		REGISTERED BY:	
REGISTRATION NO: CBDU114502		ENVIRONMENT AGENCY	
DAYWORK Time arrived on Site ..... Time left Site ..... Hours on Site ..... LESS Breaks ..... ADD Travelling Time to and From Site ..... Total Hours .....	SIGNED BY DRIVER(Carrler): <i>Mark</i> VEHICLE REG NO: AB16 ARL SIC CODE: 38110 'I CONFIRM THAT THE WASTE HIERARCHY OF OPTIONS HAS BEEN APPLIED' <input checked="" type="checkbox"/>		
NAME & ADDRESS OF TIP/TRANSFER POINT: Ron Smith Recycling	TRANSFER DATE:		
	TRANSFER TIME:		
	SITE LICENCE No:		
SIGNED BY TIP OPERATOR:		SIGNED BY PRODUCER:	

THIS TRANSFER NOTE FORMS PART OF YOUR 'DUTY OF CARE' FOR THE ENVIRONMENTAL PROTECTION ACT, 1991  
PLEASE TAKE CARE TO ENSURE THAT THE INFORMATION GIVEN IS CORRECT

DATE: 30/07/21		CUSTOMER: CLEAR WASTE RECYCLING	
CUSTOMER ADDRESS: stoneys castle range		CUSTOMER IS: Waste Producer <input type="checkbox"/> Waste Importer <input type="checkbox"/> Waste Disposal/Tip Site <input type="checkbox"/> Purchasing a Product & or Haulage <input type="checkbox"/>	
DESCRIPTION OF MATERIAL: mixed waste	WEIGHT	TONNES	HOW CONTAINED? 40 YD
	GROSS WEIGHT		
	TARE WEIGHT		
	NET WEIGHT		
EWC: (If applicable) 200301			
CARRIER NAME AND ADDRESS: RON SMITH RECYCLING LTD (ADDRESS AS ABOVE)			
REGISTERED CARRIER <input checked="" type="checkbox"/>		REGISTERED BY:	
REGISTRATION NO: CBDU114502		ENVIRONMENT AGENCY	
DAYWORK Time arrived on Site ..... Time left Site ..... Hours on Site ..... LESS Breaks ..... ADD Travelling Time to and From Site ..... Total Hours .....		SIGNED BY DRIVER(Carrier): mah VEHICLE REG NO: NX16 MVA SIC CODE: 3810 'I CONFIRM THAT THE WASTE HIERARCHY OF OPTIONS HAS BEEN APPLIED' <input checked="" type="checkbox"/>	
NAME & ADDRESS OF TIP/TRANSFER POINT: Ron Smith Recycling TW14 0HH		TRANSFER DATE: TRANSFER TIME: SITE LICENCE No:	
SIGNED BY TIP OPERATOR:		SIGNED BY PRODUCER:	

VAT No. 776 2713 06

Environmental Permit No.  
EPR/AP3096NE

St. Albans Farm, Staines Road, Feltham, Middlesex. TW14 0HH  
Telephone: 020 8570 3424 - Facsimile: 020 8570 8469

THIS TRANSFER NOTE FORMS PART OF YOUR 'DUTY OF CARE' FOR THE ENVIRONMENTAL PROTECTION ACT, 1991  
PLEASE TAKE CARE TO ENSURE THAT THE INFORMATION GIVEN IS CORRECT

DATE: 29/1/21		CUSTOMER: CLEAR WASTE RECYCLING	
CUSTOMER ADDRESS: STONEY CASTLE RANF. WORKING		CUSTOMER IS: <input type="checkbox"/> Waste Producer <input type="checkbox"/> Waste Importer <input type="checkbox"/> Waste Disposal/Tip Site <input type="checkbox"/> Purchasing a Product & or Haulage	
DESCRIPTION OF MATERIAL: MIXED WASTE	WEIGHT	TONNES	HOW CONTAINED? 40m
	GROSS WEIGHT		
	TARE WEIGHT		
NET WEIGHT			
EWC: (if applicable) 20 03 01			
CARRIER NAME AND ADDRESS: RON SMITH RECYCLING LTD (ADDRESS AS ABOVE)			
REGISTERED CARRIER <input checked="" type="checkbox"/>		REGISTERED BY:	
REGISTRATION NO: CBDU114502		ENVIRONMENT AGENCY	
DAYWORK Time arrived on Site ..... Time left Site ..... Hours on Site ..... LESS Breaks ..... ADD Travelling Time to and From Site ..... Total Hours .....	SIGNED BY DRIVER(Carrler): MD		
	VEHICLE REG NO: D14 URS		
	SIC CODE: 380		
	'I CONFIRM THAT THE WASTE HIERARCHY OF OPTIONS HAS BEEN APPLIED' <input checked="" type="checkbox"/>		
NAME & ADDRESS OF TIP/TRANSFER POINT: RON SMITH REC. JULY 07/16	TRANSFER DATE:		
	TRANSFER TIME:		
	SITE LICENCE No:		
SIGNED BY TIP OPERATOR:		SIGNED BY PRODUCER:	

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**WHITE CUSTOMER / PINK TIP / GREEN ACCOUNTS / YELLOW OFFICE**

Bulk Excavations, Grab Loaders, Tipper Hire, JCB's Bull Dozers, Low Loader Hire, Tipping Facilities, Crush Concrete, Top Soil

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PLEASE TAKE CARE TO ENSURE THAT THE INFORMATION GIVEN IS CORRECT

DATE: 27/7/12		CUSTOMER: CLEAR WASTE RECYCLING	
CUSTOMER ADDRESS: STONEY CASTLE RANGE WOKING		CUSTOMER IS: <input type="checkbox"/> Waste Producer <input type="checkbox"/> Waste Importer <input type="checkbox"/> Waste Disposal/Tip Site <input type="checkbox"/> Purchasing a Product & or Haulage	
DESCRIPTION OF MATERIAL: MIXED WASTE	WEIGHT	TONNES	HOW CONTAINED? 40yd
	GROSS WEIGHT		
	TARE WEIGHT		
NET WEIGHT			
EWC: (If applicable) 20 03 01			
CARRIER NAME AND ADDRESS: RON SMITH RECYCLING LTD (ADDRESS AS ABOVE)			
REGISTERED CARRIER <input checked="" type="checkbox"/>		REGISTERED BY:	
REGISTRATION NO: CBDU114502		ENVIRONMENT AGENCY	
DAYWORK Time arrived on Site ..... Time left Site ..... Hours on Site ..... LESS Breaks ..... ADD Travelling Time to and From Site ..... Total Hours .....	SIGNED BY DRIVER(Carrler) [Signature]		
	VEHICLE REG NO: LL16 YCB		
	SIC CODE: 3912		
	'I CONFIRM THAT THE WASTE HIERARCHY OF OPTIONS HAS BEEN APPLIED' <input checked="" type="checkbox"/>		
NAME & ADDRESS OF TIP/TRANSFER POINT: RON SMITH REC TW14 0HH	TRANSFER DATE:		
	TRANSFER TIME:		
	SITE LICENCE No:		
SIGNED BY TIP OPERATOR:		SIGNED BY PRODUCER:	

THIS TRANSFER NOTE FORMS PART OF YOUR 'DUTY OF CARE' FOR THE ENVIRONMENTAL PROTECTION ACT, 1991  
PLEASE TAKE CARE TO ENSURE THAT THE INFORMATION GIVEN IS CORRECT

DATE: 30/7/21		CUSTOMER: CLEAR WASTE RECYCLING	
CUSTOMER ADDRESS: STONEY CASTLE RANGE WOKING.		CUSTOMER IS: Waste Producer <input type="checkbox"/> Waste Importer <input type="checkbox"/> Waste Disposal/Tip Site <input type="checkbox"/> Purchasing a Product & or Haulage <input type="checkbox"/>	
DESCRIPTION OF MATERIAL: MIXED WASTE	WEIGHT TONNES		HOW CONTAINED?  40yd
	GROSS WEIGHT		
	TARE WEIGHT		
EWC: (If applicable) 20 03 01		NET WEIGHT	
CARRIER NAME AND ADDRESS: RON SMITH RECYCLING LTD (ADDRESS AS ABOVE)			
REGISTERED CARRIER <input checked="" type="checkbox"/>		REGISTERED BY:	
REGISTRATION NO:		CBDU114502	
ENVIRONMENT AGENCY			
DAYWORK Time arrived on Site ..... Time left Site ..... Hours on Site ..... LESS Breaks ..... ADD Travelling Time to and From Site ..... Total Hours .....		SIGNED BY DRIVER(Carrler): M.D.	
VEHICLE REG NO: D14 LRS.		SIC CODE: 3810.	
'I CONFIRM THAT THE WASTE HIERARCHY OF OPTIONS HAS BEEN APPLIED' <input checked="" type="checkbox"/>			
NAME & ADDRESS OF TIP/TRANSFER POINT: RON SMITH REC TW14 0HH.		TRANSFER DATE:	
		TRANSFER TIME:	
		SITE LICENCE No:	
SIGNED BY TIP OPERATOR:		SIGNED BY PRODUCER:	

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DATE: 27/7/12.		CUSTOMER: CLEAR WASTE RECYCLING.	
CUSTOMER ADDRESS: STONEY CASTLE RANGE HOKING		CUSTOMER IS: Waste Producer <input type="checkbox"/> Waste Importer <input type="checkbox"/> Waste Disposal/Tip Site <input type="checkbox"/> Purchasing a Product & or Haulage <input type="checkbox"/>	
DESCRIPTION OF MATERIAL: MIXED WASTE	WEIGHT TONNES		HOW CONTAINED? 40 yd
	GROSS WEIGHT		
	TARE WEIGHT		
	NET WEIGHT		
EWC: (If applicable) 20 03 01			
CARRIER NAME AND ADDRESS: RON SMITH RECYCLING LTD (ADDRESS AS ABOVE)			
REGISTERED CARRIER <input checked="" type="checkbox"/>		REGISTERED BY:	
REGISTRATION NO: CBDU114502		ENVIRONMENT AGENCY	
DAYWORK Time arrived on Site ..... Time left Site ..... Hours on Site ..... LESS Breaks ..... ADD Travelling Time to and From Site ..... Total Hours .....		SIGNED BY DRIVER(Carrler): <i>WR</i> VEHICLE REG NO: LR16 YCB SIC CODE: 320 'I CONFIRM THAT THE WASTE HIERARCHY OF OPTIONS HAS BEEN APPLIED' <input checked="" type="checkbox"/>	
NAME & ADDRESS OF TIP/TRANSFER POINT: RON SMITH REC JW14 0TH		TRANSFER DATE: ..... TRANSFER TIME: ..... SITE LICENCE No: .....	
SIGNED BY TIP OPERATOR:		SIGNED BY PRODUCER:	



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DATE: 30/07/21		CUSTOMER: CLEAR WASTE RECYCLING	
CUSTOMER ADDRESS: Stoney Castle Ranges		CUSTOMER IS: Waste Producer <input type="checkbox"/> Waste Importer <input type="checkbox"/> Waste Disposal/Tip Site <input type="checkbox"/> Purchasing a Product & or Haulage <input type="checkbox"/>	
DESCRIPTION OF MATERIAL: Mixed WASTE	WEIGHT TONNES		HOW CONTAINED? 40YD
	GROSS WEIGHT		
	TARE WEIGHT		
	NET WEIGHT		
EWC: (If applicable) 20-03-01			
CARRIER NAME AND ADDRESS: RON SMITH RECYCLING LTD (ADDRESS AS ABOVE)			
REGISTERED CARRIER <input checked="" type="checkbox"/>		REGISTERED BY:	
REGISTRATION NO: CBDU114502		ENVIRONMENT AGENCY	
DAYWORK Time arrived on Site ..... Time left Site ..... Hours on Site ..... LESS Breaks ..... ADD Travelling Time to and From Site ..... Total Hours .....		SIGNED BY DRIVER(Carrler): mp VEHICLE REG NO: D14C RS SIC CODE: 38110 'I CONFIRM THAT THE WASTE HIERARCHY OF OPTIONS HAS BEEN APPLIED' <input checked="" type="checkbox"/>	
NAME & ADDRESS OF TIP/TRANSFER POINT: Ron Smith Recycling		TRANSFER DATE:	
		TRANSFER TIME:	
		SITE LICENCE No:	
SIGNED BY TIP OPERATOR:		SIGNED BY PRODUCER:	

THIS TRANSFER NOTE FORMS PART OF YOUR 'DUTY OF CARE' FOR THE ENVIRONMENTAL PROTECTION ACT, 1991  
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DATE: 28/4/21		CUSTOMER: CLEAR WASTE RECYCLING	
CUSTOMER ADDRESS: STONEH CASTLE RANGE WORKING		CUSTOMER IS: Waste Producer <input type="checkbox"/> Waste Importer <input type="checkbox"/> Waste Disposal/Tip Site <input type="checkbox"/> Purchasing a Product & or Haulage <input type="checkbox"/>	
DESCRIPTION OF MATERIAL: MIXED WASTE	WEIGHT TONNES		HOW CONTAINED?  40yd
	GROSS WEIGHT		
	TARE WEIGHT		
	NET WEIGHT		
EWC: (If applicable) 20 03 01			
CARRIER NAME AND ADDRESS: RON SMITH RECYCLING LTD (ADDRESS AS ABOVE)			
REGISTERED CARRIER <input checked="" type="checkbox"/>		REGISTERED BY:	
REGISTRATION NO: CBDU114502		ENVIRONMENT AGENCY	
DAYWORK Time arrived on Site ..... Time left Site ..... Hours on Site ..... LESS Breaks ..... ADD Travelling Time to and From Site ..... Total Hours .....		SIGNED BY DRIVER(Carrier): MP	
		VEHICLE REG NO: D14 LRS	
		SIC CODE: 3810	
		'I CONFIRM THAT THE WASTE HIERARCHY OF OPTIONS HAS BEEN APPLIED' <input checked="" type="checkbox"/>	
NAME & ADDRESS OF TIP/TRANSFER POINT: Ron Smith Rec. TW14 0HH		TRANSFER DATE:	
		TRANSFER TIME:	
		SITE LICENCE No:	
SIGNED BY TIP OPERATOR:		SIGNED BY PRODUCER:	

CONVEYANCE NOTE C (Weight and Vol.)  
CONTROLLED WASTE TRANSFER NOTE

VAT No. 776 2713 06

Environmental Permit No.  
EPR/AP3096NE

# RON SMITH 80451

## RECYCLING

St. Albans Farm, Staines Road, Feltham, Middlesex. TW14 0HH  
Telephone: 020 8570 3424 - Facsimile: 020 8570 8469

Halving  
Waste to  
Landfill



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DATE: <b>30/07/22</b>		CUSTOMER: <b>CLEAR WASTE RECYCLING</b>	
CUSTOMER ADDRESS: <b>Stoney Castle Range</b>		CUSTOMER IS: Waste Producer <input type="checkbox"/> Waste Importer <input type="checkbox"/> Waste Disposal/Tip Site <input type="checkbox"/> Purchasing a Product & or Haulage <input type="checkbox"/>	
DESCRIPTION OF MATERIAL: <b>mixed waste</b>	WEIGHT TONNES		HOW CONTAINED?  <b>40 YD</b>
	GROSS WEIGHT		
	TARE WEIGHT		
	NET WEIGHT		
EWC: (If applicable) <b>20-03-01</b>			
CARRIER NAME AND ADDRESS: RON SMITH RECYCLING LTD (ADDRESS AS ABOVE)			
REGISTERED CARRIER <input checked="" type="checkbox"/>		REGISTERED BY:	
REGISTRATION NO: <b>CBDU114502</b>		ENVIRONMENT AGENCY	
DAYWORK Time arrived on Site ..... Time left Site ..... Hours on Site ..... LESS Breaks ..... ADD Travelling Time to and From Site ..... Total Hours .....		SIGNED BY DRIVER(Carrier): <b>MP</b> VEHICLE REG NO: <b>AB16 ARL</b> SIC CODE: <b>3800</b> 'I CONFIRM THAT THE WASTE HIERARCHY OF OPTIONS HAS BEEN APPLIED' <input checked="" type="checkbox"/>	
NAME & ADDRESS OF TIP/TRANSFER POINT: <b>Ron Smith Recycling TW14 0HH</b>		TRANSFER DATE: ..... TRANSFER TIME: ..... SITE LICENCE No: .....	
SIGNED BY TIP OPERATOR:		SIGNED BY PRODUCER:	

The Company will not be responsible in any circumstances for damage to private property by our vehicles when delivering materials off the Public Road to customers instruction

**WHITE CUSTOMER / PINK TIP / GREEN ACCOUNTS / YELLOW OFFICE**

Bulk Excavations, Grab Loaders, Tipper Hire, JCB's Bull Dozers, Low Loader Hire, Tipping Facilities, Crush Concrete, Top Soil

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DATE: 29/7/21		CUSTOMER: CLEAR WASTE RECYCLING	
CUSTOMER ADDRESS: STONEY CASTLE RANGLAND WOKING		CUSTOMER IS: Waste Producer <input type="checkbox"/> Waste Importer <input type="checkbox"/> Waste Disposal/Tip Site <input type="checkbox"/> Purchasing a Product & or Haulage <input type="checkbox"/>	
DESCRIPTION OF MATERIAL: MIXED WASTE		WEIGHT TONNES	HOW CONTAINED?
EWC: (If applicable) 20 03 01		GROSS WEIGHT	40y
		TARE WEIGHT	
		NET WEIGHT	
CARRIER NAME AND ADDRESS: RON SMITH RECYCLING LTD (ADDRESS AS ABOVE)			
REGISTERED CARRIER <input checked="" type="checkbox"/>		REGISTERED BY:	
REGISTRATION NO: CBDU114502		ENVIRONMENT AGENCY	
DAYWORK Time arrived on Site ..... Time left Site ..... Hours on Site ..... LESS Breaks ..... ADD Travelling Time to and From Site ..... Total Hours .....		SIGNED BY DRIVER(Carrier): MP VEHICLE REG NO: 014 URS SIC CODE: 3800 'I CONFIRM THAT THE WASTE HIERARCHY OF OPTIONS HAS BEEN APPLIED' <input checked="" type="checkbox"/>	
NAME & ADDRESS OF TIP/TRANSFER POINT: RON SMITH REC. TW14 0HH		TRANSFER DATE:	
		TRANSFER TIME:	
		SITE LICENCE No:	
SIGNED BY TIP OPERATOR:		SIGNED BY PRODUCER:	