

WASTE STREAM DECLARATION FORM

Please complete and return by fax to 01234 686144

1. Carrier Details

Carrier Name _____

Address: _____

Postcode: _____

Contact: _____

Tel: _____

2. Waste Producer Details

Producer Name _____

Address: _____

Postcode: _____

3. Disposal site

Basildon / Lincoln / Milton Keynes / Norwich

Approx Volume (m³) _____

4. Codes

EWC Code

Hazard Code H____

SIC Code 2003

/ 2007

Premises code

Exp Date

5. Waste Description

- Please tick **one box only**.
- Select from **either** Section A, B or C and provide information where requested.

Section A

Bund wall (diesel)	
Interceptor waste (car park)	
Interceptor (other please specify)	

Vehicle wash	
Gulley waste	
Sewage	

Further information (optional):

Section B - (sample or analysis maybe be required)

Bund wall (specify tank contents below)	
Tank Washings (specify tank contents below)	
Ink washing (water based only)	
Paint waste (water based only)	
RTA (specify any likely contaminants below)	

Compost (specify materials composted below)	
Grease trap (complete annexe a)	
Food waste (complete annexe a)	
Landfill leachate (complete annexe b)	
Contaminated Sewage (specify contaminant below)	

Process from which waste derives (essential):

Section C – (Other waste not described above)

Description	
Process from which waste derives	

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6. Composition

- It is your responsibility to ensure that we are informed of any likely contaminants
- Please state levels of common contaminants below (where known)

Suspended solids	%
Oil content	%
Flash point <40oC	Yes/No

pH	
Odour	Yes/No
If yes give reason	

COD	mg/l
Total ammonia	mg/l

Does the waste contain prescribed substances Yes/No

Chloride	mg/l
Phosphorus	mg/l
Iron	mg/l
Mercury	mg/l
Aluminium	mg/l
Sulphate	mg/l

Cadmium	mg/l
Chromium	mg/l
Nickel	mg/l
Zinc	mg/l
Copper	mg/l
Lead	mg/l

Other	
	mg/l
	mg/l
	mg/l
	mg/l

7. Additional information

Any additional information likely to affect waste classification, treatment or disposal _____

8. Declaration

I declare that I have provided the best information available and I have given accurate description of the waste. I have not failed to mention any critical component of the waste, which as a consequence of the omission could cause harm to the health and safety of personnel transporting or treating the waste or harm to the environment.

Print Name	
Signature	
Title	
Date	

For Alpheus use only

AUTHORISATION - Is the waste suitable for disposal? Yes / No

If no, specify reason:

Authorised by

Date

COMMENTS

High Risk		Sample every	Loads
Medium Risk		Sample every	Loads
Low Risk		Sample every	Loads

Enquiry No.	
Entered by	
Checked by	